UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
04-PC-213086	1/16/18				

. RC PET		04-RC-2	213086	1/1	6/18
INSTRUCTIONS; Unless e-Filed usin	g the Agency's website	, <u>www.nirb.gov, submit</u> a	n original of this i	etition to an	NLRB office in the Region
in which the employer concerned is	located. The petition m	oust be accompanied by l	oth a showing of	Interest (see	6b below) and a certificate
of service showing service on the e	mployer and all other pa	urties named in the petitio	n of: (1) the petition	on; (2) States	ment of Position form
(Form NLRB-505); and (3) Description	on of Representation Ca	se Procedures (Form NL)	RB 4812). The sho	owing of inte	rest should only be filed
with the NLRB and should not be se	rved on the employer of	r any other party.			
PURPOSE OF THIS PETITION: RC-CER bergeining by Petitioner and Petitioner des requests that the National Labor Relation	ires to be certified as represe one Board proceed under its	ntative of the employees. The i	Petitioner alleges that Section 9 of the Nati	t the following Ional Labor Re	circumstances exist and lations Act.
2a. Name of Employer CJ MAINTENANCE	08	b, Address(es) of Establishment 200 - ESSINGTON AVE.	, Terminal 9F, Pi	niladelphia,	PA. 19153
33. Employer Representative - Name and Joaquin Rivera Supervisor/ Mana	lite Der	Same 88	2b – state same)		
	3d, Cell No.	3e. Fax No.		3f. E-Mail Addn	988
	(267) 435-9056				
4s. Type of Esteblishment (Factory, mine, wi Maintenance Company		nce Service			nd State where unit is located: phia, Pa.
Sb. Description of Unit Involved	m Handiman and	J			8s. No. of Employees in Unit; 20
Excluded: All porters, cleaner All office clericals, C			the act		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No
9-21-201	7 (Date) (If no reply rec	sentative was made on (Date) _ ceived, so state). no reply ng Representative and desires	,		ned recognition on or about
8a. Name of Recognized or Certified Barg			The state of the s		
None	-				
9c. Tel No.	8d Cel No.	86. Fax No.		8f. E-Mail Addn	±45
8g. Affliction, if any		6h. Dato of Recognition of			ate of Current or Most Recent (Month, Day, Year)
	, ha	s picketed the Employer since (Month, Day, Year)		
10. Organizations or individuals other than P known to have a representative interest in ar	elifloner and those named in I by employees in the unit descr	teme 8 and 9, which have claim toed in item 5b above. (If none,	ed recognition as repre so state)	esentatives and	other organizations and Individuals
10a. Name	10b. Address	**************************************	10c. Tel. No.		10d. Cell No.
			10a. Fex No.		10f. E-Mail Address
11. Election Details: If the NLRB conducts sny such election.	en election in this matter, stat	a your position with respect to	11a. Election Type:	✓ Manual	Mail Mixed Manuel/Mail
11b. Election Date(s): Tuesday, Wednesday , Thursday	11c. Election Time(s	s); 10:00 PM to 11:00 FM	on site office	on(a):	
12a. Full Name of Petitioner (Including to Local 890 L.I.F.E.	10.007141011,00714	12b. Address (street and number, city, state, and ZIP code) 325 73 street, Brooklyn, New York 11209			
12c. Full name of national or international la		tioner is an affiliate or constituen			
12d. Tel No. 718 238 2399	12e, Cell No.	121. Fax No. 718-680-0842		12g. E-Mail Ad	drass
13. Representative of the Petitioner who	will accept service of all pap	ers for purposes of the repres	sentation proceeding		-
138. Name and Title Dina Chiclar	na	13b. Address (ctreet and 325 73 street Brooklyn, Ner		and ZIP cods)	
13c, Tei No, 718 238-2399	13d. Cell No.	13e. Fax No. 718 6800842		13f. E-Mail Add	ress .
I declare that I have read the above petition	on and that the statements a	ire true to the best of my know	viedge and belief.		
Name (Print) Dina chiclana	pature Richars	Title Deligate	-	Pate 12/11/2017	
	and the same				

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 27 U.S.C. § 151 at seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings of litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74842-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, feiture to supply the information will cause the NLRB to decline to invoke its processes.

12d. Tel No.

13c. Tel No.

Name (Print)

(732)485-6799

(617)376-0220

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

12e. Cell No.

13d. Cell No

Signature

13a. Name and Title Frank Wagner National Representative

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

DO NOT WRITE IN THIS SPACE				
Case No. 04-RC-213357	Date Filed 1-19-18			

12g. E-Mail Address

13f. E-Mail Address frankiethechin@msn.com

Date

01/17/18

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) South Jersey Medical Transportation 29 Front Street Salem NJ 08079 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Ovi Nituica same 3c. Tel. No. 3f. E-Mail Address 3d. Cell No. 3e. Fax No. (518)961-1390 (856)759-4269 (856)759-4753 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Ambulance Service Ambulances and Mobility Assistance Salem NJ 5b. Description of Unit Involved 6a. No. of Employees in Unit: 20 Included: All full time, part time, and per diem emergency medical technicians and mobility assistance vehicle technicians 6b. Do a substantial number (30% or more) of the employees in the All others, managers, clerks, office staff, and supervisors by the act. unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 01/10/18 and Employer declined recognition on or about (Date) (If no reply received, so state). No Response 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10c Tel No 10d Cell No. 10a. Name 10b Address 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: ✓ Manual ✓ Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 02/05/18 and 02/06/18 To Be Determined am and pm 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 159 Burgin Parkway Quincy MA 02169 International Association of EMT's and Paramedics 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Associations of EMT's and Paramedics/NAGE/SEIU Local 5000

Frank Wagner WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

12f Fax No.

13e. Fax No.

(617)984-5695

(617)984-5695

PO Box 19 Elizabeth NJ 07207

National Representative

13b. Address (street and number, city, state, and ZIP code)

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
04-RC-214646	2/12/10			

	ETITION		04-RC-		2	/12/18
INSTRUCTIONS: Unless e-Filed	using the Agency's w	vebsite, <u>www</u>	w.nlrb.gov, submit a	n original of this Pe	tition to a	n NLRB office in the Region
in which the employer concern	ed is located. The pet	ition must b	e accompanied by b	oth a showing of in	nterest (se	e 6b below) and a certificate
of service showing service on t	he employer and all of	ther parties	named in the petitio	n of: (1) the petition	1; (2) State	ment of Position form
(Form NLRB-505); and (3) Desc	ription of Representat	ion Case Pr	rocedures (Form NLF	RB 4812). The show	ving of int	erest should only be filed
with the NLRB and should not I	e served on the empl	oyer or any	other party.			
PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petition	CERTIFICATION OF REP	RESENTATIV	E - A substantial number	of employees wish to be	represented	for purposes of collective
requests that the National Labor R						
2a. Name of Employer		2b. Add	ress(es) of Establishment			
Breakthru Beverage		129 PA	Hartman Rd North Wales 19454-1504			
3a. Employer Representative - Name	and Title		3b. Address (If same as			
Jennifer Jankowski Boyle			129 Hartman Rd PA North Wales 19			
3c. Tel. No.	3d. Cell No.		3e. Fax No.		. E-Mail Add	120 10 100
(267) 960-0600	(215) 668-4214		(215) 628-2973	JI	.Boyle@Break	
4a. Type of Establishment (Factory, mir	Section of the Control of the Contro	Principal produ			5a. City	and State where unit is located:
Beverages (Alcoholic)		Alcoholic Beverage Del	ivery		North Wales, PA
5b. Description of Unit Involved	MA ALISE					6a. No. of Employees in Unit:
Included: See Attached Page 2 for ad	ditional details				1	6b. Do a substantial number (30%
						or more) of the employees in the
Excluded: See Attached Page 2 for ac	ditional details					unit wish to be represented by the Petitioner? Yes [[7] No [[7]]
Check One: 7a. Request f	or recognition as Bargaining	- Ponesantati	vo upp made on (Date)	and E	mployer dec	lined recognition on or about
Check One		reply received,		and L	inployer dec	ance reasonable on or about
7b. Petitioner	is currently recognized as if			ertification under the Ad	it.	
8a. Name of Recognized or Certified			8b. Address			***************************************
8c. Tel No.	8d Cell No.		8e. Fax No.	81	f. E-Mail Add	ress
8g. Affiliation, if any		18	h. Date of Recognition or	Certification 8	. Expiration I	Date of Current or Most Recent
		(1)			ontract, if an	y (Month, Day, Year)
9. Is there now a strike or picketing at the					oyees are pa	inticipating?
 Organizations or individuals other the known to have a representative interest 					entatives and	d other organizations and Individuals
10a. Name	10b. Address			10c. Tel. No.		10d. Cell No.
	Y -			10.5 11-		10f. E-Mail Address
				10e. Fax No.		Tot. E-Mail Address
11. Election Details: If the NLRB cond any such election.	ducts an election in this mat	ter, state your	position with respect to	11a. Election Type: [Manual [Mall Mixed Manual/Mail
11b. Election Date(s):	11c. Election	Time(s):		11d. Election Location	n(s):	
February 28,2018	6:00 am to 7:					A 19454 (in the drivers breakroom)
12a. Full Name of Petitioner (includia Ron LAKE Teamsters Local 701	ng local name and number	n		12b. Address (street a 2003 US Highway 130 NJ North Brunswick 08	and number, Ste B 002-4857	city, state, and ZIP code)
12c. Full name of national or internation International Brothhood of Teamsters	al labor organization of whi	ich Petitloner is	s an affiliate or constituen	(if none, so state)		
12d. Tel No. (732) 297-2701	12e. Cell No.		12f. Fax No. (732) 821-6233	1 1	2g. E-Mail A	ddress rslocal701.org
13. Representative of the Petitioner	who will accept service of	all papers for		entation proceeding.		
13a, Name and Title		1	13b. Address (street and		d ZIP code)	
Paul Montalbano Esq. Legal Councel Cohen , Leeder, Montalbano and Connau	ahton	1	669 River Drive Suite 1: NJ Elmwood Park 0740	25 ⁻		
13c. Tel No.	13d. Cell No.		13e. Fax No.	1	3f. E-Mail Ad	Idress
(908) 298-8800	(201) 310-8565	1	(908) 298-9333		iontalbanom	ail@yahoo.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.						
Name (Print)	Signature		Title		Date	
Ron LAKE	Ron Lake		Secretary Treasurer		02/12/201	8 10:06:07

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			

Employees Included
All full-time and part-time drivers.

Employees Excluded

All other employees including warehouse loaders/pickers, clerical, supervisors and guards as defined in the act.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
04-RC-214663	2/12/10			

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Savage Services 4550 Wrangle Hill Road Gate 40 Deleware City, DE 19706 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Kim Neely, General Manager 3e. Fax No. 3c. Tel. No. 3d. Cell No. 3f. E-Mall Address (302) 689-2781 (302) 392-3746 (302) 504-6022 kimneely@savageservices.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: material handling, loading, and unloading Deleware City, DE 6a. No. of Employees in Unit 5b. Description of Unit Involved Approximately 70 Included: All full-time and regular part-time material handlers, loaders, unloaders, processors and maintenance employees 6b. Do a substantial number (30% in the Crude, Coke, LPG, Rall and Chemical departments of the Employer's facility in Deleware City, DE. or more) of the employees in the Excluded: All coordinators, office clerical and professional employees, guards, and supervisors as defined in the Act unit wish to be represented by the Petitioner? Yes ✓ No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) hy netition and Employer declined recognition on or about (Date) (If no reply received, so state). Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 8c. Tel No. 8d Cell No. Be. Fax No. Bf. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) none 10a, Name 10b, Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: / Manual Mal | Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Efection Time(s): 11d. Election Location(s): 3/8/18 and 3/9/18 3:00 p.m. to 5:00 p.m. Team Member Meeting Traller 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 60 Boulevard of the Allies, Five Gateway Center Room 913Pittsburgh, PA 15222 United Steelworkers 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied & Industrial Service Workers International Union, AFL-CIO, CLC 12e. Cell No. 12f, Fax No. 12g. E-Mall Address (201) 655-8227 (412) 562-2555 arturousw@gmail.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b, Address (street and number, city, state, and ZIP code) 13a. Name and Title Brad Manzolillo, USW Organizing Counsel 60 Boulevard of the Allies, Five Gateway Center Room 913Pittsburgh, PA 15222 13f. E-Mail Address 13e. Fax No. 13c. Tel No. 13d, Cell No. (412) 418-4333 (412) 562-2555 bmanzolillo@usw.org (412) 562-2529 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Date Organizing Counsel 2/12/18 Brad Manzolillo

THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) WILLFUL FALSE STATEMENTS

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
04-RC-214789	2-14-18			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) SupplyOne 1090 Thomas Busch Memorial Highway 3b. Address (If same as 2b - state same) 3a. Employer Representative - Name and Title Shawn Williams, Branch Manager Pennsauken, NJ 08110 3c. Tel. No. 3d Cell No. 3e. Fax No. 3f. E-Mail Address 609-820-0202 856-727-1010 856-727-1020 swilliams@supplyone.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Pennsauken, NJ Distribution Center Delivery Service 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full-time and regular part-time delivery drivers 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the All other employees, including supervisors as defined in the Act. Petitioner? Yes ✓ No 7a. Request for recognition as Bargaining Representative was made on (Date) _ and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). No 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 8c. Tel No. 8d Cell No. Be. Fax No. 8f. E-Mail Address 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10b. Address 10c. Tel. No. 10d. Cell No. 10a. Name 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: / Manual Mail Mixed Manual/Mail any such election. 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): 5:00 am - 6:00 am Office near shipping and receiving office March 12, 2018 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 101 Crescent Boulevard, Collingswood, NJ 08108 Teamsters Local Union No. 676 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 856-964-4944 jbennett@teamsters676.com 856-964-2101 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Bruce M. Ludwig, Attorney 13b. Address (street and number, city, state, and ZIP code) 1845 Walnut Street, 24th Floor, Philadelphia, PA 19103 13f. E-Mail Address 13d. Cell No. 13e Fay No 215-561-5135 bludwig@wwdlaw.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Title Date Name (Print) February 13, 2018 Bruce M. Ludwig Attorney

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
Case No,	Date Filed -				
04-RC-215637	2-28-18				

RC P	ETITION		04-	RC-215637	2	-28-18
INSTRUCTIONS: Unless e-Filed	d using the Agenc	y's website, w	ww.nlrb.gov, submit a	in original of this	Petition to a	
in which the employer concern						
of service showing service on						
(Form NLRB-505); and (3) Desc						
with the NLRB and should not	be served on the	emplover or an	v other party.	who were an distriction		
PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petition requests that the National Labor I	ner desires to be certific	ed as representall	ve of the employees The	Petitioner alleges th	at the following	circumstances exist and
2a. Name of Employer Asplundh Tree Expert Compar	ny .		ddress(es) of Establishmen Blair Mill Road, Willov			, State, ZIP code)
3a. Employer Representative - Name	e and Title	40 31 4 4	3b. Address (If same as	2b - state same)		
John Detti			same	T		
3c, Tel. No.	3d. Cell No.		3e, Fax No.		3f. E-Mail Add	
215-784-4318						ervcorp.com
4a. Type of Establishment (Factory, mi Utility contractor	ne, wholesaler, etc.)	4b. Principal pro tree trimming	/ line clearance		10 PM 11 11 11 11 11 11 11 11 11 11 11 11 11	and State where unit is localed: ter. / Hellertown PA.
5b. Description of Unit Involved						6a. No. of Employees in Unit:
Included: All full time and part time	tree trimmers, worki	ng foremen, tree	trimmer trainees sprayer	technicians, work so	reeners and	100
			Light Property during pay			6b, Do a substantial number (30% or more) of the employees in the
Excluded: outsource crews, safety training	ars, general foreman, offic	e, clerical employee:	s, professional employees gua	rds, and supervisors as	defined by the	unit wish to be represented by the Petitioner? Yes V No
Check One: / 7a, Request	for recognition as Baro	ainino Representa	ative was made on (Date) 2	2/20/18 and	1 Èmployer decl	ined recognition on or about
<u> </u>	(Date) (If no reply receive	ed, so state). no reply	1	- cripioyer dear	med ready, mion on about
	r is currently recognize	d as Bargaining R	epresentative and desires	certification under the	Act.	
8a. Name of Recognized or Certified none	Bargaining Agent (II	none, so state).	8b, Address			
8c, Tel No,	8d Cell No.		8e, Fax No.		8f, E-Mail Add	ress
8g. Affiliation, if any			8h. Date of Recognition or	r Certification -		Date of Current or Most Recent . y (Month, Day, Year)
9, is there now a strike or picketing at I	he Emolover's establis	hment(s) involved	? no If so approx	imately how many en	ninvees are na	dicination?
(Name of labor organization)			keted the Employer since (THE RESIDENCE OF THE PARTY OF T	project die pa	
Organizations or individuals other t known to have a representative interes	han Petitioner and those it in any employees in t	se named in items the unit described	8 and 9, which have claim in item 5b above. (If none.	ed recognition as repo	resentatives and	other organizations and individuals
10a, Name	10b. Add	iress		10c, Tel, No.		10d, Cell'No.
•				10e. Fax No.		10f, E-Mail Address
11. Election Details: If the NLRB con	ducts an election in thi	s matter, state you	ur position with respect to	11a. Election Type:	Manual	Mail Mixed Manual/Mail
any such election,						manmanca mancaman
11b, Election Date(s): 3/21/2018	3-8pm	edion Time(s):		11d. Election Local		noton Ing and Suites Enhrata
3/21/2018 3-8pm Hellertown American Legion / Hampton Inn and Suites Ephrata 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city. state, and ZIP code) International Brotherhood of Electrical Workers Local Union 126 3455 Germantown Pike, Collegeville, PA 19426						
12c. Full name of national or international International Brotherhood of Electrica	nal labor organization:		r is an affiliate or constituen		, ,,,,,	
12d, Tel No.	12e, Cell No.		12f, Fax No.	· · · · · · · · · · · · · · · · · ·	12g, E-Mail Ac	dress
610-489-1185	484-895-8876				msimmonds@	ibewlu126.com
13. Representative of the Petitioner	** ***			A	The second second	
13a. Name and Title Michael S	Simmonds, C	rganizer)	13b, Address (street and 3455 Germantown Pike, Col		and ZIP code)	
13c, Tel No. 310-489-1185	13d, Cell No, 484-895-8876		-13e: Fax No.		13f, E-Mail Administration	dress: ibewlu126.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.						
Michael Simmonds	Signature	statements are tr	Title	vieuge and benen.	Date	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Joe Williams

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
04-RC-216216	3-08-18			

11011			U4-K	-210210	- 1	5 00 10
INSTRUCTIONS: Unless e-Filed	using the Agend	y's website, wy	vw.nlrb.gov, submit a	n original of this	Petition to a	n NLRB office in the Region
in which the employer concerne	d is located. Th	e petition must	be accompanied by I	oth a showing o	f interest (se	e 6b below) and a certificate
of service showing service on th						
(Form NLRB-505); and (3) Descri	ption of Repres	entation Case F	Procedures (Form NLI	RB 4812). The sh	nowing of int	erest should only be filed
with the NLRB and should not be	e served on the	employer or an	y other party.	***************************************		
PURPOSE OF THIS PETITION: RC-to bargaining by Petitioner and Petitioner requests that the National Labor Re	desires to be certif	ied as representativ	re of the employees. The	Petitioner alleges th	at the followin	g circumstances exist and
2a. Name of Employer		2b. Ad	dress(es) of Establishment	I(s) involved (Street a	and number, city	
Metro Elevator Company		210 C	Carter Drive, Suite #8		19832	
3a. Employer Representative – Name a Attitlio Solomone Owner/President		ancesco/Owner	3b. Address (If same as Same	3 20 – state same)		
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add	
800 – 946 – 3886	610 - 656 -		610 - 429 - 9113			tor@comcast.net
4a. Type of Establishment (Factory, mine Elevator Company	e, wholesaler, etc.)	4b. Principal prod Elevator consi	duct or service truction, service mode	ernization and rep		
5b. Description of Unit Involved					P20002230 14	6a. No. of Employees in Unit:
Included: All full-time and part-timemployer. Excluded: All guards and su		· ·		orentices employed	l by the	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the
	-	and the second		10/10	d Employee doe	Petitioner? Yes V No
=	(Date)	(If no reply received				ained recognition on or about
8a. Name of Recognized or Certified E			epresentative and desires of 8b. Address	certification under the	Act.	
None	argaining Agent (r	none, so statej.	OD. Address			
8c, Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	Iress
8g. Affiliation, If any			8h. Date of Recognition or	r Certification		Date of Current or Most Recent y (Month, Day, Year)
9. Is there now a strike or picketing at the	e Employer's establi	shment(s) involved	? No. If so, approx	imately how many en	nolovees are pa	rticipating?
(Name of labor organization)	o Limpioyor o contain	46%	ceted the Employer since (*****	
Organizations or individuals other the known to have a representative interest None	an Petitioner and tho in any employees in	ose named in items	8 and 9, which have claim	ed recognition as rep	resentatives an	d other organizations and individuals
10a. Name	10b. Ad	Idress		10c, Tel. No.		10d. Cell No.
None				10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB condu	ucts an election in th	is matter, state you	ir position with respect to	11a. Election Type	Manual	Mail Mixed Manual/Mail
any such election.		AMPINIA		Charachana and the control of the		
11b. Election Date(s): 3/22/2018		lection Time(s): - 8:30 AM	V. 1	11d. Election Loca Employers wareho		
12a. Full Name of Petitioner (including International Union of Elevator Constr	uctors			12273 Townsend		city, state, and ZIP code) phia, PA, 19154
12c. Full name of national or international International Union of Elevator Constru		of which Petitioner	is an affiliate or constituen	it (if none, so state)		
12d. Tel No.	12e. Cell No.	······································	12f. Fax No.	**************************************	12g. E-Mail A eloomis@iued	
13. Representative of the Patitioner w	ho will accept serv	rice of all papers to	or purposes of the repres	sentation proceeding	g.	
13a. Name and Title Joe Willian	ns		13b. Address (street and 12273 Townsend Road, Phi		and ZIP code)	
13c. Tel No.	13d. Cell No.		13e. Fax No. 13f. E-Mail Address			
215 - 676 - 2555	215 - 983 - 46		215 - 676 - 6386	viedne and hellef	joe.williams@	iueco.org
I declare that I have read the above po	Signature /	Statements are tr	Title	ricuge and benef.	Date	
Name (Print)	SHOUBINGS // /	110	1 1100		Date	

Business Manager 3/8/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 ef seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE				
Case No.	.Date Filed			
04-RC-216218	3/8/18			

RC PE	TITION		04-RC	-216218		3/8/18
INSTRUCTIONS: Unless e-Filed us	ing the Agency's web	site. wy	vw.nlrb.gov. submit	an original of thi		
in which the employer concerned	is located. The netition	n must	he accompanied by	hoth a showing	of interpet (an Ah halawl and a cartificate
of service showing service on the	employer and all othe	r nartio	e named in the netiti	on of (1) the net	Hitian: (2) Sta	tement of Position form
(Form NLRB-505); and (3) Descrip						
with the NLRB and should not be	served on the employe	eroran	v other party.			
1. PURPOSE OF THIS PETITION: RC-CE	RTIFICATION OF REPRES	ENTATI	VE - A substantial number	r of employees wish	to be represent	ed for purposes of collective
bargaining by Petitioner and Petitioner of	lesires to be certified as rep	resentativ	e of the employees. The	Petitioner alleges i	that the follow	ng circumstances exist and
requests that the National Labor Rela 2a. Name of Employer	tions Board proceed unde		per authority pursuant to dress(es) of Establishmer			
Pincus Elevator Company			outh Bolmer Street,			
3a. Employer Representative - Name an	d Title		3b. Address (If same a		11.10.10.1	
Matt Pincus Owner/President			Same			
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f, E-Mail Ad	dress
610 - 738 - 4350	610 - 226 - 5555			11277		cuselevator.com
4a. Type of Establishment (Factory, mine,	wholesaler, etc.) 4b. Prin	cipal proc	610 - 738 -	7511		y and State where unit is located:
Elevator Company			ruction, service mod	emization and re		
5b. Description of Unit Involved					·	6a. No. of Employees in Unit:
Included: All full-time and part-time	regular elevator construc	tors, inc	luding helpers and app	prentices employe	d by the	20
employer.				51 (5)(2)		6b. Do a substantial number (30%
Excluded:	ondoore se defin	od in t	tha Act			or more) of the employees in the unit wish to be represented by the
All guards and sup	eivisois as deilii	eu III I	IIIO ACL			Petitioner? Yes V No
Check One: 7a. Request for re	ecognition as Bargaining Re	presentat	tive was made on (Date)	3/8/18 a	nd Employer de	clined recognition on or about
	(Date) (If no reply	received	d, so state).			
7b. Petitioner is c	urrently recognized as Barg	aining Re	epresentative and desires	certification under th	e Act.	
Ba. Name of Recognized or Certified Bar None	gaining Agent (If none, so	state).	8b. Address			
Bc. Tel No.	8d Cell No.		8e. Fax No.	****	8f. E-Mail Ad	drace
33 33 10.		OC. TEX NO.		Oi. E-least Au	41665	
8g. Affiliation, If any	dama a si a	- 1			Date of Current or Most Recent	
			Contract, if any (Month, Day, Year)			
					L	
9. Is there now a strike or picketing at the E	mployer's establishment(s)	involved?	NO If so, approx	dmately how many e	mployees are p	articipating?
(Name of labor organization)		has picke	eted the Employer since (Month, Day, Year) _		
10. Organizations or Individuals other than	Petitioner and those named	in items 8	and 9, which have claim	ed recognition as rep	presentatives ar	nd other organizations and Individuals
known to have a representative interest in a	iny employees in the unit de	scribed in	nitem 5b above. (If none,	, so state)		
None 10a, Name	1400 444			Lana Tal Na		10d. Cell No.
iva, Name	10b. Address			10c, Tel, No.		Tod. Cell No.
None	4			10e. Fax No.		10f, E-Mail Address
INOUE				100.7 00.110.		100.2.000
11. Election Details: If the NLRB conducts any such election.	an election in this matter, s	state your	position with respect to	11a. Election Type	: V Manual	Mail Mixed Manual/Malf
11b. Election Date(s): 3/23/2018	11c. Election Time(s):		***************************************	11d. Election Location(s):		
3/23/2018 8 AM - 8:30 AM Employers warehouse 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code)			city state and 7IP code)			
International Union of Elevator Construct				12273 Townsend		
12c. Full name of national or international la	bor organization of which P	etitioner i	s an affiliate or constituen	t (if none, so state)		
International Union of Elevator Constructor			404 F No		140- F 11-7 1	
12d. Tel No.	12e. Cell No.	1	12f. Fax No.		12g. E-Mail A	

Signature / Business Manager WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

13e. Fax No. 215 - 676 - 6386

13b. Address (street and number, city, state, and ZIP code) 12273 Townsend Road, Philadelphia, PA, 19154

13f, E-Mail Address

3/8/18

joe.williams@iuec5.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

I declare that I have read the above petition and that the statements are true to the best of my knowledge and bellef.

13d. Cell No.

215 - 983 - 4628

13a. Name and Title Joe Williams

13c. Tel No.

Name (Print)

Joe Williams

215 - 676 - 2555

PRIVACY ACT STATEMENT
Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATION

AL LABOR RELATIONS BOARD		Case No.
CPETITION	•	04-RC

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
04-RC-216233	7 3/9/18			

KC F	EIIIION		· 04-RC-2	216233		n 3/9/18
INSTRUCTIONS: Unless e-Filed	d using the Agency's web	site, wy	ww.nirb.gov, submit a	n original of this	Petition to	an NLRB office in the Region
in which the employer concern						
of service showing service on						
(Form NLRB-505); and (3) Desc						
with the NLRB and should not	be served on the employe	er or an	y other party.			Y
PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petition requests that the National Labor F	ner desires to be certified as repr	resentativ	ve of the employees. The	Petitioner alleges the	at the following	ng circumstances exist and
2a. Name of Employer		2b. Ad	dress(es) of Establishmen	t(s) involved (Street a	nd number, cit	
Chelsea Senior Living		440 C	old York Road, Jenki		j	
3a. Employer Representative - Name			3b. Address (If same as	2b – state same)		
Jessica Martin, Executive Dire			same 3e. Fax No.		04 E Mail Ad-	
215-572-8300	3d. Cell No.		215-572-1635		3f. E-Mail Add jmartin@cs	
4a. Type of Establishment (Factory, mi Nursing Home	ine, wholesaler, etc.) 4b. Prind Health		duct or service		1.12	and State where unit is located: town, PA
5b. Description of Unit Involved			-5439 bill (r)		100	6a. No. of Employees in Unit:
Included: All full-time and regular	r part-time care managers, d	lietary ai	ides, cooks, med techs,	housekeepers, an	d activity	50
aides employed by the Excluded:	Employer at the 440 York Res, managerial employe	Road fac	ility.			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No
H —	for recognition as Bargaining Re (Date) (If no reply r is currently recognized as Barg	y received	d, so state). No reply	/		
8a. Name of Recognized or Certified	Bargaining Agent (If none, so	state).	8b. Address	*	II.	
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	dress
8g. Affiliation, if any			8h. Date of Recognition or	Certification		Date of Current or Most Recent by (Month, Day, Year)
9. Is there now a strike or picketing at the			THE RESERVE TO SEC.		ployees are pa	articipating?
	,	a the second	service as or list in the property of the prop	and the same of th		
 Organizations or individuals other the known to have a representative interest None 					esentatives an	d other organizations and individuals
10a. Name	10b. Address			10c. Tel. No.		10d. Cell No.
				10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB cond any such election.	ducts an election in this matter, s	state you	r position with respect to	11a. Election Type:	✓ Manual	Mail Mixed Manual/Mail
11b. Election Date(s): 3/23/18	11c. Election Tim 6:30am -8am, 2:3		om	11d. Election Location(s): Second Floor Family Room		
12a. Full Name of Petitioner (<i>Including local name and number</i>) District 1199C, National Union of Hospital and Health Care Employees, AFS		12b. Address (street and number, city, state, and ZIP code)				
12c. Full name of national or internation National Union of Hospital and Health			is an affiliate or constituen	t (if none, so state)	**	
12d. Tel No. (215) 735-1300	12e. Cell No.		12f. Fax No. (215) 735-9878		12g. E-Mail A	ddress
13. Representative of the Petitioner v	who will accept service of all p	papers fo	or purposes of the repres	entation proceeding	•	
13a. Name and Title Lisa Leshinski,	Esq., Attorney for District 1	199C	13b. Address (street and Freedman and Lorry PC, 160	원드리 (1980년 1일 : 1980년 1982년 1981년 1981	경기를 즐겁게 하는 사람들은 경기를 받았다.	19103
13c. Tel No. (215) 931-2557	.13d, Cell No. (856) 952-8007		13e. Fax No. (215) 925-7516		13f. E-Mail Ad lleshinski@fre	ddress edmanlorry.com
I declare that I have read the above p		ts are tru				***************************************
Name (Print) Lisa Leshinski, Esq.	Signature Lisa Ledrula		Title Attorney		Date 3/9/2018	
Liou Ladimiani, Lad.	our worker	-			0.0.20.0	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Timothy J Groller

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

Case No.	ŷ.					
	04-	RC-	2	16	57	2

DO NOT WRITE IN THIS SPACE				
e No.	Date Filed			
04-RC-216572	3/1//19			

03/14/2018 12:22:24

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 6650 Chrisphalt Dr PA Bath 18014-8980 Gerber Collision and Glass 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 6650 Chrisphalt Dr PA Bath 18014-8980 Rich Albertson 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address rich.albertson@gerbercollision.com (610) 837-8724 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Auto & Truck Parts Auto body repair Bath, PA 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Excluded: See Attached Page 2 for additional details Petitioner? Yes [No [] Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 03/14/2018 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c. Tel No. 8d Cell No 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 04-04-18 11c. Election Time(s): 11d. Election Location(s): 12pm to 1pm garage located at employers address 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Timothy J Groller Teamster Local 773 3614 Lehigh St PA Whitehall 18052-3401 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters 12g. E-Mail Address tgroller@teamster773.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (610) 657-6080 (610) 657-6080 (610) 770-9581 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c. Tel No. 13f. E-Mail Address 13d. Cell No. 13e. Fax No. I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Title Signature Date

Business Agent WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Timothy J. Groller

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Attachment

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
04-RC-216572	3-14-18		

Employees Included

All full-time and regular part-time blue collar non-professional employees including but not limited to body techs, paint techs and detailers.

Employees Excluded

All management level employees, first level supervisors and guards as defined in the act.

FORM NLRB-502 (RC) (4-15)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
04-RC-216990	3-20-18			

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Abbonizio Transfer, Inc. 439 S. Governor Printz Blvd., Essington, PA 19029 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Karen Abbonizio - President 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (610) 521-3010 (610) 521-4186 abboniziotrans@aol.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service General Construction Truck Drivers Sewell, New Jersey 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full-time and regular part-time drivers. 6b. Do a substantial number (30% or more) of the employees in the Excluded: All supervisors, managers, mechanics, clerical and all others excluded by the Act. unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) this petition and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address None 8f. E-Mail Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8g. Affiliation, if any 8h. Date of Recognition or Certification 8l. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. , has picketed the Employer since (Month, Day, Year) _ (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10d. Cell No. 10b. Address 10c. Tel. No. 10a, Name 10e. Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Mail Mixed Manual/Mail 11a. Election Type: V Manual any such election. 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): On-site at the yard located at 1850 Hurffville Rd., Sewell, NJ 08080 6:00 AM to 7:00 AM April 19 or 20, 2018 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 101 W. Crescent Blvd., Collingswood, NJ 08108 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters 12g. E-Mail Address 12f Fax No. 12d, Tel No. 12e. Cell No. ibennett@teamsters676.com (856) 964-4944 (856) 964-2101 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Tille Thomas M. Gribbin, Jr., Esq. - Attorney Willig, Williams & Davidson - 1845 Walnut St., 24th Fl., Philadelphia, PA 19103 13f. E-Mail Address 13e. Fax No. 13d. Cell No. tgribbin@wwdlaw.com (215) 561-5135 (215) 656-3623 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Signature Title Date Name (Print) 3/20/2018 Attorney CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
04-20-217064	3-23-18				

	- 111011		0.4	-KC-21/064	+	3 23 10
INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region						
in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate						
of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form						
(Form NLRB-505); and (3) Desc	ription of Represe	entation Case P	Procedures (Form NLI	RB 4812). The sho	wing of inte	rest should only be filed
with the NLRB and should not I	be served on the	employer or an	v other party.		1700	1
PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petition requests that the National Labor F	er desires to be certifi	ed as representativ	e of the employees: The I	Petitioner alleges tha	t the following	for purposes of collective
2a. Name of Employer	iciacono ocara proc	2b. Ad	dress(es) of Establishment	(s) involved (Street an	d number, city,	State, ZIP code)
Sodexo, Inc.		98 MI	01 Washington Boulevard D Gaithersburg 20878-	0.0		
3a. Employer Representative - Name	and Title		3b. Address (If same as			
Howard Pripas			9801 Washington MD Gaithersburg 2	Boulevard 20878-		
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Addr	
(301) 987-4000					howard.pripas@s	
4a. Type of Establishment (Factory, min	ne, wholesaler, etc.)	4b. Principal prod			5a. City a	nd State where unit is located:
Services			Food Service		_1	Philadelphia, PA
5b. Description of Unit Involved Included: See Attached Page 2 for ac	Iditional details					6a. No. of Employees in Unit: 5
	and the second		one. C			6b. Do a substantial number (30% or more) of the employees in the
Excluded: See Attached Page 2 for ac	ditional details					unit wish to be represented by the Petitioner? Yes [] No []
	(Date)	(If no reply received	d, so state).			ned recognition on or about
8a. Name of Recognized or Certified			epresentative and desires of 8b. Address	certification under the /	ACT.	
out that of thooghized of outside	Language regent (n	none, so statej.	00. Fladicss			
8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address			ess			
8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Rece Contract, if any (Month, Day, Year)						
Is there now a strike or picketing at the (Name of labor organization)			? If so, approxi		oloyees are par	ticipating?
10. Organizations or individuals other the known to have a representative interest	nan Petitioner and tho	se named in items	8 and 9, which have claime	ed recognition as repre	sentatives and	other organizations and individuals
10a. Name	10b. Ad	dress	1	10c. Tel. No. 10d. Cell No.		10d. Cell No.
				10e. Fax No. 10f. E-Mail Address		10f. E-Mail Address
11. Election Details: If the NLRB cond any such election.	ducts an election in thi	s matter, state you	r position with respect to	11a. Election Type:	Manual _	Mail Mixed Manual/Mail
11b. Election Date(s): 11c. Election Time(s): April 11, 2018 10:00 a.m. to 11:00 a.m.		11d. Election Location(s): Education Conference Room				
12a. Full Name of Petitioner (including local name and number) Chris Woods District 1199C, National Union of Hospital and Health Care Employees, AFSCME, AFL-CIO		12b. Address (street and number, city, state, and ZIP code) 1319 Locust Street PA Philadelphia 19107-		ity, state, and ZIP code)		
12c. Full name of national or internation NUHHCE, AFSCME, AFL-CIO	nal labor organization	of which Petitioner		t (if none, so state)		
12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address ChristenW@1199cnuhhce.org			dress 99cnuhhce.org			
13. Representative of the Petitioner	vho will accept servi	ce of all papers fo	입어하다 중에 가장하다 하는 사람이 하다 하다 하나 있다.			•
Lance Geren Attorney 1601 Market			13b. Address (street and 1601 Market Street Suite		na ZIP code)	
Freedman and Lorry, P.C.	1 462 6 1131		PA Philadelphia 19103-		495 E 85-3 4-1	rass —
13c. Tel No. (215) 931-2573	13d. Cell No. (267) 243-5085		13e. Fax No. (215) 925-7516		13f. E-Mail Add geren@freedm	
I declare that I have read the above p			A SCHOOL NOW CONTROL TO THE TANK OF THE PARTY OF THE PART	ledge and belief.	oer. Est	***************************************
Name (Print)	Signature		Title		Date	
		I Augusta		03/23/2018	03/23/2018 09:54:38	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
04-RC-217064	3-23-18			

Employees Included

All full-time and regular part-time dietary employees employed by the Employer at the Jungle Hut Coffee Shop at St. Christopher's Hospital for Children at 160 E. Erie Avenue, Philadelphia, Pennsylvania.

Employees Excluded

All other employees, managerial employees, guards and supervisors as defined by the Act.

Martin W. Milz

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE		
Case No.	Date Filed	
	2./27/10	

RC PETITION 04-RC-217248 INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) MC Custom Sheet Metal 215 Old Egg Harbor Rd. #E, West Berlin, NJ 08091 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Mike Franchi, Owner Same 3c. Tel. No. 3d. Cell No. 3e, Fax No. 3f. E-Mail Address 856-767-9509 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Sheet Metal Fabricator Sheet metal duct work West Berlin, NJ 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All sheet metal fabricators and mechanics. 6b. Do a substantial number (30% or more) of the employees in the Excluded: All other employees, including supervisors, guards, and clerical workers as defined by the Act. unit wish to be represented by the Petitioner? Yes ✓ No 7a. Request for recognition as Bargaining Representative was made on (Date) Check One: and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): Shop Friday, April 13 6:30 am -7:30 am 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Sheet Metal Workers Local 19 1301 S. Columbus Blvd., Philadelphia, PA 19147 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Int'l Assn. of Sheet Metal, Air, Rail & Transportation Workers (SMART) 12g. E-Mail Address 215-952-1999 bgadsby@lu19.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Martin W. Milz, Esq. 13b. Address (street and number, city, state, and ZIP code) 230 S. Broad St., Ste. 1400, Philadelphia, PA 19102 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 215-732-0101 215-732-7790 mmilz@spearwilderman.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Title Date 3/27/18

WILLFUL FALSE STAZEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Attorney for L. 19

PRIVACY ACT STATEMENT Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

13c. Tel No.

215-952-1999

Name (Print)

James Keenan

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT W	RITE IN THIS SPACE	
Case No.	Date Filed 3/29/18	
04-RC-217459	3/29/18	

PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Allshore Heating and Cooling 440 North Elmwood Rd, Marlton, NJ 08053 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Mark Dietrle same 3c. Tel. No. 3d. Cell No. 3f. E-Mail Address 3e. Fax No. 856-596-5002 609-680-8701 856-596-5009 markd_allshore@comcast.net 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Sheet Metal Fabrication Shop Fabrication/Install of Ductwork Marlton, NJ 5b. Description of Unit Involved 6a. No. of Employees in Unit: 15 Included: All Sheet Metal Fabricator Mechanics and Installers. 6b. Do a substantial number (30% or more) of the employees in the Excluded: All other employees, including supervisors, delivery drivers, guards, service technicians, and unit wish to be represented by the clerical workers as defined by the Act. Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) _ and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). none 8c. Tel No. 8d Cell No. 8f. E-Mail Address 8e. Fax No. 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10c. Tel. No. 10a. Name 10b. Address 10d. Cell No. 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: V Manual Mail Mixed Manual/Mail any such election. 11c. Election Time(s): 11b. Election Date(s): 11d. Election Location(s): Friday, April 20th 7:00 am - 8:00 am 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 1301 S. Columbus Blvd., Philadelpia, PA 19147 Shet Metal Workers Local 19 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Int'l Assn. of Sheet Metal Air Rail and Transportation (SMART), AFL-CIO 12g. E-Mail Address 12d. Tel No. 12e. Cell No. 12f. Fax No. 215-952-1999 jkeenan@lu19.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title James Keenan 13b. Address (street and number, city, state, and ZIP code)

Area Marketing Rep. WILLFUL FALSE STATEMENTS ON THIS PETITION OAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

13e Fax No.

215-952-0250

13d. Cell No.

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

n/a

Signature

440 North Elmwood Rd. Marlton, NJ 08053

13f. E-Mail Address

jkeenan@lu19.com

3/29/18

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE	E IN THIS SPACE
Case No. 04-RC-218375	Data Filed 4-13-18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed With the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective burgaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner allages that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

Name of Employer

2b. Address(es) of Estabishment(s) involved (Street and number, city, State, ZIP code) 2a, Name of Employer Huron & Brigantine Boulevard, Atlantic City, NJ 08401 Golden Nugget Atlantic City 3a, Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Patricia Fineran same 3c, Tel. No. 3e. Fax No. 3f. E-Mail Address 3d. Cell No. 609-441-2000 609-437-3309 pfineran@gnacm.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5e. City and State where unit is localed: Atlantic City, New Jersey hotel and casino hospitality and gaming 6a. No. of Employees in Unit: 5b. Description of Unit Involved Included: All full-time and regular part-time environmental services (EVS) department employees, including EVS Cleaner, Specialized Haven Cleaner, Dual Rate and Store Attendant at the employer's premises in Atlantic City. 66 6b. Do a substential number (30% or more) of the employees in the Excluded: All other employees, guards and supervisors as defined in the Act. unit wish to be represented by the Pellioner? Yes V No Request for recognition as Bargelning Representative was made on (Date) 04/13/18 and Employer declined recognition on or about Check One: No Reply (Date) (If no reply received, so state). Patitioner is currently recognized as Bargaining Representative and desires certification under the Act. Sa. Name of Recognized or Certified Bargaining Agent (if none, so state). 8b. Address 8f. E-Mall Address 8d Cell No. Se. Fax No. 8c. Tel No. 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent 8g. Affiliation, If any Contract, If any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so stato) 10c Tel No. 10a, Name 10b. Address 10d, Cell No. 10e Fax No. 10f. F-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11d. Election Location(s): 11c. Election Time(s): May 4, 2018 7:30-9:30 am employee cafeteria 12b. Address (street and number, city, state, and ZIP code) 1014 Atlantic Avenue, Atlantic City, NJ 08401 12a. Full Name of Petitioner (Including local name and number) UNITE HERE Local 54 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) UNITE HERE 12d Tel No. 12e. Cell No. 121. Fax No. 12g. E-Mall Address 609-513-5407 609-344-5400 balbert@unitehere.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13a Name and Title Cassie R. Ehrenberg, Esquire 13b. Address (street and number, city, state, and ZIP code) 325 Chestnut Street, Suite 200, Philadelphia, PA 19106 13c. Tel No. 13e, Fax No. 13I. E-Mail Address 215-735-9099 215-640-3201 cehrenberg@cjtlaw.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and bellef. Date Cassie R. Ehrenberg Esquire' 4/13/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

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10a. Name

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD PETITION

DO NOT WRITE IN THIS SPACE		
Case No.	Date Filed	
OA DO 210027	4-20-18	

10d. Cell No.

in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 30 S Keystone Ave PA Emmaus 18049-4110 Sanexen Water 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 30 S Keystone Ave PA Emmaus 18049-4110 Gilbert Roy 3c. Tel. No. 3f. E-Mail Address 3d, Cell No. 3e. Fax No. (514) 977-1102 (514) 977-1102 (610) 421-6098 grov@sanexen.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Water Utilities Water Construction Emmaus, PA 5b. Description of Unit Involved 6a. No. of Employees in Unit: 26 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the See Attached Page 2 for additional details Petitioner? Yes [No [] and Employer declined recognition on or about Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 10/25/2017 (Date) (If no reply received, so state). No reply received 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8f. E-Mail Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region

10e. Fax No. 10f. E-Mail Address 11a. Election Type: 🔽 Manual 🔲 Mail 🔲 Mixed Manual/Mail 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election 11b. Election Date(s): 5/14/2018 11c. Election Time(s): 11d. Election Location(s): Emmaus Pa 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Larry Kelley Utility Workers Union of America AFL-CIO

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Utility Workers Union of America AFL-CIO

10b. Address

12d. Tel No. 12e, Cell No. 12f. Fax No. (724) 746-5622 (724) 263-1345

12g. E-Mail Address ikelley@uwua.net (724) 514-7381 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

10c. Tel. No.

13a. Name and Title 13b. Address (street and number, city, state, and ZIP code)

13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. F-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Date Signature National Organizer Larry Kelley 04/18/2018 14:34:42 Larry Kelley

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

Data Filed
Date Filed
4-20-18

Employees Included All maintenance and production employees, robot operation, robotics technician, laborer, and jetter operator.

Employees Excluded
Office manager, and supervisors defined by the act.

Nelson L. Hill

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

	O NOT WRITE IN THIS SPACE	
Case No.	Date Filed	
04-PC-218867	4-20-1	. 8

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB ortice in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition: (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer Healthcare SERVICES GROUP 6625 Lancaster Pike, Hockessin, Delaware, 19707 3a. Employer Representative - Name and Title 3b. Address (if same as 2b - state same) 3220 Tillman Drive, Suite 300, Bensalem, PA 19020 Michael Hallman, District Manager 3c. Tel. No. 3f. E-Mail Address 215-514-9361 800-853-2650 Michael.Hallman@hcsgcorp.com 215-514-9361 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Food Service Hockessin, Delaware Nursing Home - Dietary Department 5b. Description of Unit Involved 6a. No. of Employees in Unit: included: All full-time and regular part-time Cooks employed by the Employer at the 6625 Lancaster Pike. Hockessin, Delaware Location. Note: Petitioner requests an "Armour-Globe" election to include employees into the larger bargaining unit. 6b. Do a substantial number (30% or more) of the employees in the Excluded: All other employees, professional employees, managerial employees, guards and supervisors as unit wish to be represented by the defined in the Act. Petitioner? Yes ✓ No and Employer declined recognition on or about Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 4/20/2018 (Date) (If no reply received, so state). no reply 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address none. n/a Rf F-Mail Address Bc. Tel No. 8d Cell No. 8e. Fax No. n/a n/a n/a n/a 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) n/a n/a If so, approximately how many employees are participating? n/a 9. Is there now a strike or picketing at the Employer's establishment(s) involved? no , has picketed the Employer since (Month, Day, Year) 11/8 (Name of labor organization) n/a 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) none 10d Cell No. 10b. Address 10c. Tel. No. 10a. Name n/a n/a 10f. E-Mail Address 10e. Fax No. n/a n/a n/a 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: / Manual Mall Mixed Manual/Mail any such election. 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): First floor employee break room. 5/11/2018 1:00PM to 2:00PM 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 21 West Road, Suite 200, Baltimore, MD 21204 United Food & Commercial Workers Union, Local 27 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) United Food and Commercial Workers International Union 12g. E-Mail Address 12f. Fax No. 12e Cell No 12d. Tel No. nla 202-223-3111 n/a 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title Nelson L. Hill, ATTP 21 West Road, Suite. 300, Baltimore, MD 21204 13f, E-Mail Address 13e. Fax No. 13c. Tel No. 410-307-1799 n.hill@ufcw27.org 410-337-2700 302-632-4530 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Title Signature Name (Print) 4/20/2018 Assistant to the President

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 ef seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRI	TE IN THIS SPACE
Case No.	Date Filed
04-20-2102/2	5-01-19

RC PETITION

04-RC-219343

5-01-18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form

(Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

Name of Employer

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer Lasalle University 1900 West Olney Ave, Philadelphia, PA 19121 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Arthur Grover, Director of Security same 3c Tel No 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 215-951-1013 grover77@lasalle.edu 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service SECURITY AGENCY Philadelphia, PA SECURITY 5b. Description of Unit Involved 6a. No. of Employees in Unit: 30 Included: ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SECURIY OFFICERS INCLUDING CERTIFIED 6b. Do a substantial number (30% OFFICERS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(B)(3) OF THE NATIONAL LABOR RELATIONS or more) of the employees in the ACT, EMPLOYED BY LASALLE UNIVERSITY @ 1900 WEST OLNEY AVE, PHILADELPHIA, PA 19141. unit wish to be represented by the Excluded: ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT. Petitioner? Yes ✓ No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). none 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address NONE 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8i, Expiration Date of Current or Most Recent 8g. Affiliation, if any 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO. If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) NONE 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e, Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: / Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s) 11d. Election Location(s): Room H308 Student Union Building - Lasalle Philadelphia Campus 6:30-8 AM & 2-3:30 PM 12a. Full Name of Petitioner (Including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Union, Security, Police and Fire Professionals of America (SPFPA) 25510 Kelly Road, Roseville, MI 48066 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union, Security, Police and Fire Professionals of America (SPFPA) 12g. E-Mail Address 12e. Cell No. 12d. Tel No. 12f Fax No. 586-772-7250 X111 586-872-5634 586-772-9644 organize@spfpa.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13b. Address (street and number, city, state, and ZIP code) 65 Cadillac Square, Suite 3727, Detroit, MI 48226 13a. Name and Title Gordon Gregory, General Counsel 13c. Tel No. Cell No. 13e. Fax No. 13f. E-Mail Address 313-964-5600 312-964-2125 Gordon@UnionLaw.net that the statements are true to the best of my knowledge and belief. I declare that I have read the above petition Name (Print) International President 4/30/18 David L. Hickey WILLFUL FALSE STATEMENTS CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) ON THIS PETITION

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE			
Casa No.	Date Filed		
04-RC-219435	5-01-18		

INSTRUCTIONS: Unless e-Filed u in which the employer concerned of service showing service on the (Form NLRB-505); and (3) Descrip	is located. The employer and otion of Repres	e petition must all other partie entation Case I	be accompanied by s named in the petition Procedures (Form NL	both a showing on of: (1) the peti	of Interest (se tion; (2) State	e 6b below) and a certificate ment of Position form
with the NLRB and should not be 1. PURPOSE OF THIS PETITION: RC-C bergaining by Petitioner and Petitioner requests that the National Labor Rel	ERTIFICATION OF desires to be certifi	F REPRESENTATI	VE - A substantial number re of the employees. The	Petitioner alleges ti	nat the following	g circumstances exist and
2a. Name of Employer Kramer Beverage Company		2b. Ad	dress(es) of Establishmen . 2nd Road, Hammon	t(s) involved (Street		
3a. Employer Representative – Name a Brendan Dalton, VP/GM	nd Title		3b. Address (If same as Same	s 2b – state same)		
3c. Tel. No. 609-704-7000, ext. 1003	3d. Cell No.		3e. Fax No.		3f. E-Mall Add bdalton@kra	ross amerbev.com
4a. Type of Establishment (Factory, mine,	wholesaler, etc.)	4b. Principal pro	duct or service			end State where unit is located: inton, NJ
5b. Description of Unit Involved Included: All full time and regular p		Account Manage	rs, Retall Account Spe	cialists, Merchano	disers and	6a. No. of Employees In Unit: 32 6b. Do a substantial number (30%
Craft and Specialty Repr Excluded: All other employe		and superv	isors as defined	by the Act.		or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No
<u> </u>	(Date)	(If no reply received as Bargaining Re				lined recognition on or about
None Bc. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mall Add	ress
8g. Affiliation, if any.	1 33 30 11 10 1		8h. Date of Recognition o	r Certification	8I, Expiration [Date of Current or Most Recent y (Month, Day, Year)
9. Is there now a strike or picketing at the (Name of lebor organization) 10. Organizations or individuals other than known to have a representative interest in	n Pelitioner and tho	, has pick	eted the Employer since (8 and 9, which have claim	Month, Day, Year) ed recognition as rep		
10a. Name	10b. Ad	dress		10c, Tel. No.		10d. Cell No.
n/a				10e. Fax No.	7	10f. E-Mail Address
Election Details: If the NLRB conduction any such election. 11b. Election Date(s):	1 - 1	is matter, state you lection Time(s):	r position with respect to	11a. Election Type		Mail Mixed Manual/Mail
May 18, 2018 12a. Full Name of Petitioner (Including	8am-9a	im .		11d. Election Location(s): General Meeting Room 12b. Address (street and number, city, state; and ZIP code)		
United Food and Commercial Workers t 12c. Full name of national or international	Union Local 152		Is an affiliate or constituen	701 Route 50, Ma		
United Food and Commercial Workers In 12d, Tel No.	ternational Union 12e. Cell No.		12f. Fax No.		12g. E-Mall Ad	Idress
609-704-3900 13. Representative of the Petitioner wh	a will second sand	las of all nanora fe	609-625-0328	ontation around a		
13a. Name and Title Mark E. Be			13b. Address (street and 1626 Berlin Road, Charry Hi	d number, city, state,		
13c. Tel No. 856-795-2181	13d. Cell No.	-American -	13e. Fax No		13f. E-Mail Add	dress oblaw.com; dwatkins@obbblaw.com
I declare that I have read the above pet	ltion and that the	statements are tru		vledge and bellef.		
Name (Print) Mark E. Belland, Esq.	Markett Sell	fen)	Title Attorney	+	Date May 1, 201	Contract the second sec
WILLFUL FALSE STATEM	ENTS ON THIS PE	TITION CAN BE	PUNISHED BY FINE AND	IMPRISONMENT (U	.S. CODE, TITL	E 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to Invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

	DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed	514130
04-RC-21960	2	5 4 18

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Manchester Pediatric Medical Day Care 1770 Tobias Avenue, Manchester, NJ 08759 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Jeannie Vitiello, Administrator 3c. Tel. No. 3d Cell No. 3e. Fax No. 3f. E-Mail Address (732) 323-8400 (732) 323-8408 JVitiello@aristacare.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service pediatric care center Manchester, NJ 08759 health care 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full-limb and regular point time, including per diem*. Child Life Associates and Drivers employed by the Employer at Manchester Pediatric Medical Day Care. "To be dispible to vote, employees must work an average of at least 4 hours per week for the 13 weeks proceeding the eligibility date." Approximately 15 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the All other employees, guards and supervisors as defined in the Act Petitioner? Yes ✓ No 7a. Request for recognition as Bargaining Representative was made on (Date) Check One: and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization). , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10b. Address 10c. Tel. No. 10d. Cell No. 10a, Name 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: / Manual Mail _ Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 11:00am to 1:00pm Conference Room at the Employer's facility in Manchester, NJ 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 1199 SEIU United Healthcare Workers East 555 Route 1 South, 3rd Fl., Iselin, NJ 08830 12c. Full name of national or International labor organization of which Pelitioner is an affiliate or constituent (if none, so state) Service Employees International Union 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 732-287-8113 732-287-8117 rhina.molina@1199.org

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Title

Attorney

13e. Fax No.

212-228-7654

13b. Address (street and number, city, state, and ZIP code) Gladstein, Reif & Meginniss, LLP, 817 Broadway, 6th Floor, New York, NY 10003 .

13f. E-Mail Address

May 4, 2018

Date

khansen@grmny.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

13d. Cell No.

Signature

13a. Name and Title Katherine H. Hansen, Esq.

212-228-7727

Name (Print)

Katherine H. Hansen

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 el seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the Information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE		
Case No.	Date Filed	
04-RC-219672	5-04-18	

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Penske Truck Leasing Corp. Various Locations 3b. Address (If same as 2b - state same) Penske Truck Leasing Corp 3a. Employer Representative - Name and Title Mike Stratton, District Manager 1050 W. Swedesford Road, Berwyn, Pennsylvania 19312 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. (610) 648-7824 (610) 207-1395 mike.stratton@penske.com A. Type of Establishment (Factory, mine, wholesaler, etc.)
Automative, Truck and Venicular
Maintenance and Repair Automative, Truck and Vehicular Maintenance and Repair 5a. City and State where unit is located: 6a. No. of Employees in Unit: 5b. Description of Unit Involved 42 Included: All full and regular part-time Mechanic Techs and Welders employed 6b. Do a substantial number (30% by Employer on the Property of PECO Energy Company. or more) of the employees in the Excluded: All other employees, guards and supervisors, confidential employees unit wish to be represented by the Petitioner? Yes X No and all others excluded by law. Request for recognition as Bargaining Representative was made on (Date) 5-4-18 and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). no reply Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 8f. E-Mail Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8i. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification 8g. Affiliation, if any Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10c. Tel. No. 10d. Cell No. 10h Address 10a Name 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: X Manual Mail Mixed Manual/Mail any such election. 11d. Election Location(s): Conference Room at Penske 11b Election Date(s): 11c. Election Time(s): 6 - 1 - 181:00 p.m. to 3:00 p.m. 1050 W. Swedesford Road, Berwyn, 12a. Full Name of Petitioner (including local name and number) International 12b. Address (street and number, city, state, and ZIP code) 4613 West Chester Pike, Newtown Square, PA Brotherhood of Electrical Workers Local 614 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Attn: Larry Anastasi Assistant Bus. 19073 International Brotherhood of Electrical Workers 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (610) 359–1015 (610) 937–7769 (610) 359–1016

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. Thecleaner06@gmail.com 13a Name and Title Charles T. Joyce, Esquire Attorney for Petitioner 13b. Address (street and number, city, state, and ZIP code) 230 S. Broad Street, Suite 1400, Phila., PA 19102 13c. Tel No. 13e. Fax No. 13f. E-Mail Address (215) 732-7790 Ctjoyce@spearwilderman.com (215) 732-0101 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Date

Charles T. JOyce Attorney for Petitioner WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM NLRB-502 (RC) (4-15)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

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RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Cannstatter Volksfest-Verein 9130 Academy Road, Philadelphia, PA 19114 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Peter Jauss, President 9130 Academy Road, Philadelphia, PA 19114 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 215-332-0121 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Philadelphia, PA Catering Hall Food Service 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full-time and regular part-time cooks, dishwashers and kitchen employees 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the All other employees, managers, supervisors and/or board members Petitioner? Yes / No 7a. Request for recognition as Bargaining Representative was made on (Date) 4-16-18 and Employer declined recognition on or about Check One: __(Date) (If no reply received, so state). No Reply Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 8c. Tel No 8d Cell No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10d Cell No. 10b. Address 10c Tel No 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: / Manual Mail Mixed Manual/Mail any such election. 11c. Election Time(s): 11b. Election Date(s): 11d. Election Location(s): 4:00 p.m. - 5:00 p.m. Respondent's location 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Local 274 of the Philadelphia Joint Board, Workers United 22 S. 22nd Street, Philadelphia, PA 19103 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Service Employees International Union 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 215-751-9770 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13a. Name and Title David A. Gaudioso, Esquire 13b. Address (street and number, city, state, and ZIP code) 121 South Broad Street, Suite 1300, Philadelphia, PA 19107 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 215-546-4183 215-790-1382 dgaudioso@meranzekatz.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Signature Name (Print) David A. Gaudioso 05-08-18 Esquire

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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12d. Tel No. (212)684-5300

13c. Tel No.

Name (Print)

(212)684-5300

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO	NOT WRITE IN THIS SPACE	
Case No.	Date Filed	
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12g. E-Mail Address

13f. E-Mail Address

pbazemore@rwdsu.org

pbazemore@rwdsu.org

RC PETITION 04-RC-220072 INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Pelitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2309 Stafford Avenue, Scranton, PA.18505 Mountain View Care and Rehab Center 3b. Address (If same as 2b - state same) 3a. Employer Representative - Name and Title Mike Hetzel Administrator Same 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 3e. Fax No. (570)341-0050 (570)341-0051 ceo@mountainviewscranton.com 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Nursing Home Long Term Care, Skilled Nursing and Rehabilitaion Facility Scranton, Pa. 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All Regular Full Time and Part Time Certified Nursing Assistants (CNA's) 53 6b. Do a substantial number (30% and Restorative Aids or more) of the employees in the Excluded: All Other Employees, Supervisors and Guards as defined by the Act unit wish to be represented by the Petitioner? Yes V No 7a. Request for recognition as Bargaining Representative was made on (Date) 5/11/18 and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8d Cell No. 8f. E-Mail Address 8c. Tel No. 8e. Fax No. 8i, Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification 8g. Affiliation, if any Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10c. Tel. No. 10d. Cell No. 10a. Name 10b. Address 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type:

Manual Mail Mixed Manual/Mail any such election. 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): 6:00 AM - 8:00 AM and 2:00 PM - 4:00 PM Employee Break Room by A wing service entrance 12a. Full Name of Petitioner (including local name and number)
Retali, Wholesale and Department Store Union (RWDSU) 12b. Address (street and number, city, state, and ZIP code) 370 Seventh Avenue, Suite 501, New York, NY 10001

Paul Bazemore Organizer 5/11/18
WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

12f. Fax No.

13e. Fax No.

(212)779-2809

(212)779-2809

13b. Address (street and number, city, state, and ZIP code)

370 Seventh Avenue, Suite 501, New York, NY 10001

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Retail, Wholesale and Department Store Union, United Food and Commercial Workers (RWDSU-UFCW)

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

13d, Cell No.

(917)653-2932

13a. Name and Title Paul Bazemore Organizer

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

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Included: All sales represetnate Excluded: All other employe		d at 615 Lam	bson Lane, New C	Castle, DE 1972	0-2103.	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No
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UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

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Case No.	Date Filed			
04-RC-220961	5/29/18	2		

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1435 Doughty Rd N.I Egg Harbor Township 08234-2229 3b. Address (If same as 2b – state same) Winslow Hot Mix LLC 3a. Employer Representative - Name and Title 1435 Doughty Rd NJ Egg Harbor Township 08234-2229 Steve Kurtz 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address skurtz@aestone.com (609) 641-2781 (609) 457-0248 (609) 561-2540 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Construction - Raw Materials asphalt products Hammonton, NJ 5b. Description of Unit Involved 6a. No. of Employees in Unit: 5 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes [] No [] 7a. Request for recognition as Bargaining Representative was made on (Date) Check One: and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c. Tel No. 8d Cell No. 8f. E-Mail Address 8e. Fax No. 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Pétitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10b. Address 10c. Tel. No. 10d. Cell No. 10a. Name 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): June 20, 2018 7:00 AM 784 Piney Hollow Road, Hammonton, NJ 08037 12a. Full Name of Petitioner (*Including local name and number*) Alex Kolbasowski International Union of Operating Engineers Local 825 12b. Address (street and number, city, state, and ZIP code) 65 Springfield Avenue Third Floor 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union of Operating Engineers 12g. E-Mail Address akolbasowski@iuoe825.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (973) 671-6900 (732) 540-3956 (973) 921-2918 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a Name and Title 13b. Address (street and number, city, state, and ZiP code) Daniel Stark Esq. Attorney DeCotiis FitzPatrick Cole & Giblin LLP 500 Frank W. Burr Blvd. Suite 31 NJ Teaneck 07666-13f. E-Mail Address dastark@decotiislaw.com 13c. Tel No. 13d Cell No. 13e. Fax No. (201) 347-2129 (201) 213-0458 (201) 928-0588 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Title Name (Print) Signature Date Daniel Stark Attorney 05/29/2018 09:36:18 Daniel Stark Esq

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		

Employees Included

Machine Operators, Plant Operators, Mechanics, Laborers, Quality Control.

Employees Excluded

All other employees, office clericals, guards, and supervisors as defined in the Act

RCP	OR RELATIONS BO ETITION		Case No.	- 011110	11.77(8.5)	Filed -
						127 110
TRUCTIONS: Unless e-Filed	using the Agen	cý's websita. v	www.niro.gov. submit	an original of th		in NLRB office in the Region
in which the employer concern	ed is located. Ti	ne petition mus	of be accompanied by	bath a showing	of interest (s	so 6b below) and a certificate
of service showing service on						
(Form NLRB-505); and (3) Desc						
with the NLRB and should not	be served on the	employer or a	ny other party.			
1, PURPOSE OF THIS PETITION: Ro bergeining by Petitioner and Petition requests that the National Lebor I	er desires to be certi	fied as representa	tive of the employees. The	Petitioner alleges	that the follows	g circumstances extet and
Za. Name of Employer		25.7	Address(es) of Establishme	nt(s) involved (Stree	and number, ch	y, State, ZIP code)
E.F. Precision 20. Employer Representative - Name		230	1-Computer Rd. Willo 3b. Address (Weeme s			<u>,</u>
Bill Penacole Vice Pres.	and title		SAME	49 20 - Sapte Samp)		
ac Tel. No.	3d. Cell No.		. 3a. Pax No.		- 2F. E-Mell Ad	9898
215-784-0861 & 215-449-3156			215-784-0868			@efgroup.com
4a Type of Establishment (Fectory: mil Factory	18. wholeseler, etc.)		op and Production	name of the same		and State where unit is located: Grove PA
5b. Description of Unit Involved		- Comb	THE RESIDENCE OF THE SAME OF T			. 6a. No. of Employees in Unit
Instuded: All till time , reguler pan tigt Academblers, Dejouriers, Drive	ers,Lathe,Milling,Med	priviscent, grade p, noterioqO, coinsi	uality, PAI. Production works	m, Shop employees,	and Technicians	6b. Do a substantal number (30%
Excluded: All Office Clerical,	Professional, N	lanagerial, G	uards and Supervis	sors as defined	in the Act.	or mare) of the employees in the unit wish to be represented by the Petitioner? Yes 7 No
Check One: 78. Regrest	AG as notingation	geining Represen	tative was made on (Date)		and Employer dec	Pined recognition on ar about
	(Date)	(If no reply receiv	ec so state). Petition	Serves as	Demand	1122 5 (102 5)
8s. Name of Recognized or Certified	is currently recogniz	ed as Bergaining I	Representative and dealing	pertilipation under e	ve Act	,
Of listing of Accommend of Options	en Sanuta La Lane te		VU. NOV1000			
Bc. Tel No.	8d Cell No.		Be. Fax No.		81, E-Mail Add	1098
flo Affiliation, trany			. Bn. Date of Recognition of	or Certification		Date of Current or Most Recent
`					Contract it at	y (Month, Day, Year)
8. Is there now a strike or picketing at the	a Employer's establ	ethment(e) Involve	d7 NO: If so, approx	almetely how many e	miployees are pe	rticipeting?
(Name of letter organization)		neaple:	sketed the Employer since	(Month, Day, Year)_		
10. Organizations of Individuals other in known to have a representative interest	an Petitioner and the In any employees in	use named in items the unit described	s 6 and 9, which have dam is item 5b above. (If none	ned recognition 68 re specific)	presentatives an	d other organizations and Individuals
1Qs. Name	10b. Ad	dress		10c. Tel. No.		- 10d. Cell No
	1			-		
				10g, Fax No.	121	107. E-Matt Address
11, Dection Octalls. If the NLRB cond	unts an election in th	is matter, state yo	urposition with respect to	119, Election Type	Manual .	Manus
11b, Election Date(s): June 20, 2018	2:00p,h		5:00p:m8:30 p.m.	11d Election Locs Cefeteria	ition(s):	
122. Full Name of Patitionar (Including nternational Association of Machinista			Netdot Lodge 4	- 120. Address (str	of and number, o	ity, state; and ZIP code)
12c. Full name of national or internations	I labor organization	of which Petitione			Sugar Sulla 171	O Brooklyn N.Y. 11242
nternational Association of Machiniste	end Aerospace Wo	kers, AFL-CIO .				
12d, Tol No. 48-926-2910	12a. Cell No. 513-768-2313		127. Fax No.: 846-902-5720		12g. E-Mali Ad ladama@amabal	
13. Representative of the Putitioner w		ca of ell papers f		entation proceeding		
13a Name and Title Andy Powe	ell Organize	er.	13b. Address (street and IAMAW 28 Court Street Suits			
13c. Tel No.	13d, Get No.		13e. Fax No.		13f. E-Meil Add	
i declare that I have read the above pe	443-243-6772	totomonte are t	648-902-5720	indea and halled	awpowell55@g	mell.com
			Title	woge and banks.	Date 2/	- day dall
dward J. Kuss	ediward 9	Kusa	JAMAW Grand Lodge R	apresentative.	May, 30 20	18 8/1/5/5/

WILLFUL FALSE STATEMENTS ON THIS PETITION. CAN BE PUBLISHED BY THE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 100)

PRIVACY ACT STATEMENT

Citation of the Information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of seq. The policipal use of the Information to to assist the National Labor Relations Act (NLRA), 29 U.S.C. § 150 of seq. The policipal use of the Information to to assist the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of seq. The policipal use of the Information to the NLRA will further explain these uses upon request. The rolling uses for the Information are ruley set forth in the Federal Register, 71 Fed. Reg. 74942
1.5 (Dec. 13, 2006). The NLRA will further explain these uses upon request. Discourse of this information to the NLRA is voluntary, however, toking to supply the Information will cause the NLRA to decline to Invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
04-RC-221778	6 11 18				

4 1 1 1				111118			
ie Agency's website, <u>w</u>	ww.nlrb.gov, submit a	an original of this	Petition to ar	NLRB office in the Region			
in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate							
of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form							
(Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed							
d on the employer or a	ny other party.						
to be certified as representat	tive of the employees. The	Petitioner alleges th	at the following	circumstances exist and			
51 V	Vyoming Valley Roa	ad, Wilkes-Barre	PA 18702	2			
re Director			own NI 07	060			
		ikway, Worrist					
			penny.eberer	nz-freeman@verizon.com			
		tailer		nd State where unit is located: Barre, PA			
		4b a		6a. No. of Employees in Unit:			
		by the Employer	rat its	6b. Do a substantial number (30%			
anagers, guards and	d supervisors as de	fined in the Act.		or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No			
on as Bargaining Represent	ative was made on (Date)	3/11/18 and	d Employer decli	ned recognition on or about			
(Date) (If no reply receive	ed, so state).		USA 500	95			
g Agent (If none, so state).	8b. Address	Certification under the	Act.				
ell No.	8e. Fax No.	None 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address					
8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)							
	8h. Date of Recognition of	r Certification					
er's establishment(s) involved	d? No If so, approx	cimately how many em	Contract, if any	(Month, Day, Year)			
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	Representation Case of on the employer or a cation of REPRESENTAtion be certified as representation of the case of	f Representation Case Procedures (Form NL d on the employer or any other party. CATION OF REPRESENTATIVE - A substantial number to be certified as representative of the employees. The Board proceed under its proper authority pursuant to be certified as representative of the employees. The Board proceed under its proper authority pursuant to 2b. Address(es) of Establishmen 51 Wyoming Valley Roader St. Wyoming Valley Roader St. Wyoming Valley Roader St. Wyoming Valley Roader St. Wireless phone and product reservice wireless phone and product reservice wireless phone and product reservice ret-time solutions specialists employed to Valley Road, Wilkes-Barre, PA anagers, guards and supervisors as defined as Bargaining Representative was made on (Date) (If no reply received, so state). Yecognized as Bargaining Representative and desires g Agent (If none, so state).	Representation Case Procedures (Form NLRB 4812). The state on the employer or any other party. CATION OF REPRESENTATIVE - A substantial number of employees wish to be certified as representative of the employees. The Petitioner alleges the Board proceed under its proper authority pursuant to Section 9 of the Na 2b. Address(es) of Establishment(s) involved (Street a 51 Wyoming Valley Road, Wilkes-Barre 3b. Address (If same as 2b - state same) 100 Southgate Parkway, Morristo 3e. Fax No. Seler, etc.) 4b. Principal product or service Wireless phone and product retailer ret-time solutions specialists employed by the Employed Valley Road, Wilkes-Barre, PA anagers, guards and supervisors as defined in the Act. (Date) (If no reply received, so state). Y recognized as Bargaining Representative and desires certification under the gagent (If none, so state). 8b. Address	Representation Case Procedures (Form NLRB 4812). The showing of Interest on the employer or any other party. CATION OF REPRESENTATIVE - A substantial number of employees wish to be represented to be certified as representative of the employees. The Petitioner alleges that the following board proceed under its proper authority pursuant to Section 9 of the National Labor Representative of the employees. The Petitioner alleges that the following board proceed under its proper authority pursuant to Section 9 of the National Labor Representative and product of Street and number, city, 51 Wyoming Valley Road, Wilkes-Barre PA 18702 above 100 Southgate Parkway, Morristown, NJ 07 ab			

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT W	RITE IN THIS SPACE
Case No. 04-RC-221982	Date Filed 6-14-18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 430 Horsham Rd PA Horsham 19044-2012 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 430 Horsham Rd PA Horsham 19044-2012 David Takala 3d. Cell No. 3f. E-Mail Address 3c. Tel. No. 3e. Fax No. dtakala@rvder.com (215) 672-0631 (215) 675-5607 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Trucking Truck Repair and Rentals Horsham, PA 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the See Attached Page 2 for additional details Petitioner? Yes [No [] Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8f. E-Mail Address 8c. Tel No. 8d Cell No. 8e. Fax No. Bg. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): July 12th **Employer Facility** 2pm 12a. Full Name of Petitioner (including local name and number)
Frank Bankard
International Union of Operating Engineers Local 542 12b. Address (street and number, city, state, and ZIP code) 1375 Virginia Drive 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union of Operating Engineers Local 542 AFL-CIO 12g. E-Mail Address oe542@yahoo.com 12e. Cell No. 12f Fax No. 12d. Tel No. (267) 784-7744 (267) 784-7744 (215) 542-7557 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title 13f. E-Mail Address 13c. Tel No. 13d. Cell No. 13e. Fax No. I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Title Date Signature Frank Bankard Oraganizer Frank Bankard 06/13/2018 11:08:06

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

Employees Included Technicians, Fuelers,

Employees, Excluded
Managers, Clericals, Parts Person and Guards

DO NOT WRITE IN THIS SPACE				
Case 04-RC-221982	Date Filed 6-14-18			

Name (Print) Laurence M. Goodman

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
04-RC-222178	6 18 18				

Date

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Ryder Integrated Logistics, LLC 9617 Florida Mining Blvd., Jacksonville, FL 32257 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Laura Mondulick, Human Resources Manager Same 3e. Fax No. 904-268-7099 ext. 3 904-260-7537 Laura Mondulick@ryder.com 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Production Freight Hauling Reading, PA 5b. Description of Unit Involved 6a. No. of Employees In Unit: Included: All full-time and regular part-time drivers and jockeys employed by the Employer at its 15 6b. Do a substantial number (30% 1101 Schuylkill Ave., Reading, Pennsylvania location Excluded: All office clerical employees, guards and supervisors as defined in the Act or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No Request for recognition as Bargaining Representative was made on (Date) None Check One: and Employer declined recognition on or about (Date) (If no reply received, so state) Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and Individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state) 10d. Cell No. 10a, Name 10b. Address 10c. Tel. No. 10f, E-Mail Address 10e Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election 11d. Election Location(s): 11c. Election Time(s): 11b. Election Date(s): Dispatch Office 4 am to 6 am; 4 pm to 6 pm July 9, 2018 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 1055 Spring Street, Wyomissing, PA 19610 Teamsters Local Union No. 429 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters 12d. Tel No. 12e, Cell No. 12f. Fax No. 12g. E-Mail Address 610-320-9229 610-914-7919 610-320-9219 jgeise@teamsterslocal429.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Laurence M. Goodman, Legal Counsel 13b. Address (street and number, city, state, and ZIP code) Willig, Williams & Davidson, 1845 Walnut Street, 24th Floor, Philadelphia, PA 19103 13d. Cell No. 13e. Fax No. 13f F-Mail Address 13c. Tel No. 215-561-5135 lgoodman@wwdlaw.com 215-656-3608 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Goodman

Title
Legal Counsel

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
04-RC-222529	6-22-18				

INSTRUCTIONS: Unless e-Filed us employer concerned is located. Ti the employer and all other parties Case Procedures (Form NLRB 481	he petition must be named in the peti	e accompanied b tion of: (1) the pe	y both a sho tition; (2) St	owing of interest (see atement of Position fo	6b below) and orm (Form NLI	l a certificate RB-505); and	o of service showing se I (3) Description of Rep	rvice on resentation	
PURPOSE OF THIS PETITION: R bargaining by Petitioner and Petiti requests that the National Labo	oner desires to be	ertified as repres proceed under it	entative of the s proper aut	e employees. The Petit thority pursuant to Se	tioner alleges ction 9 of the	that the folional Lat	owing circumstances ex oor Relations Act.		
2a. Name of Employer: Cellco Partnership d/b/a/ Verizon Wireless			2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 106 Laurel Mall, Space K 12 Hazleton, PA 18202						
3a. Employer Representative - Name and Title: Penny Sue Freeman- Regional Store Manager			3b. Address (if same as 2b - state same): 100 Southgate Parkway, Morristown, NJ 07960						
3c. Tel. No. 908-972-5584	3d. Cell No. 3e.					3f. E-Mail Address penny.eberenz-freeman@verizon.com			
4a. Type of Establishment (Factory, r	nine, wholesaler, et	c.)	4b, Principa	al Product or Service	penny.ed		State where unit is loca	ted:	
Retail Wireless Communication		-7.		phones and produc	ets	Hazleton		201,200	
5b. Description of Unit Involved: Included: All f/t and reg. p/t solutions spe	ecialists employe	ed by the Empl	oyer at its I	Laurel Mall retail sto	ore.	6a. Numbe	r of Employees in Unit:		
Excluded: All other employees, manager					Act	of the e	ibstantial number (30% of mployees in the unit wish nted by the Petitioner?	to be	
Check One: 7a. Request for reconnor about (Date) 7b. Petitioner is cur	none	(If no reply r	eceived, so s	state).		d Employer o	eclined recognition		
8a. Name of Recognized or Certific None	ed Bargaining Age	nt (If none, so sta	te) 8b. Ad	dress:				337/1	
8c. Tel. No.	8d. Cell No.		8e. Fax No		8f. E-Mail A	8f. E-Mail Address			
8g. Affiliation, if any:		18	8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)						
9. Is there now a strike or picketing a	t the Employer's es	tablishment(s) inv	olved? No	If so, approxir	mately how ma	ny employee	s are participating?		
(Name of Labor Organization)				-245-24			er since (Month, Day, Ye		
 Organizations or individuals othe individuals known to have a repre- 	r than Petitioner and esentative interest in	those named in any employees	items 8 and 9 in the unit de	9, which have claimed r scribed in item 5b abov	ecognition as r e. (If none, so	epresentative state)	es and other organization	s and	
10a. Name	10b. A	ddress			10c. Tel. N	0.	10d. Cell No.		
None					10e. Fax N	lo.	10f. E-Mail Address		
11. Election Details: If the NLRB co	nducts and election	in this matter, sta	ate your posit	ion with respect to any	such election:	11a. Electio	n Type:		
		and the second second	65% C					Manual/Mail	
11b. Election Date(s):	P 25 L0055050	lection Time(s):	-			on Location(s			
July 5, 2018	7 W W W W) pm to 1:00 pr	n ———	12b. Address (street a			y Regional Director		
12a. Full Name of Petitioner (include Communications Workers of	f America			230 South Broad Philadelphia, PA	Street, 19th 19102	n Floor	en code).		
12c. Full name of national or internat Communications Workers of A			itioner is an a	iffiliate or constituent (if	none, so state):			
12d. Tel. No. 215-546-5574	12e. Cell No.		12f. Fax N 215-985	-2102		r@cwaloca	al13000.org		
13. Representative of the Petitione 13a. Name and Title: Laurence M. Goodman, Leg		service of all pa	13b, Addre	ess (street and number,	city, State and	ZIP code):	t, 24th Floor, Philac	lelphia, PA	
13c. Tel. No. 215-656-3608	13d. Cell No.		13e. Fax N 215-561	-5135		n@wwdla	w.com		
I declare that I have read the abov	e petition and that		are true to t	he best of my knowled	dge and belief Title			Date	
Name (Print) Laurence M. Goodman		Signature	n	alla	Legal Coun	sel		6/22/18	

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE	N THIS SPACE			
Case No.	Date Filed			
04-RC-222749	6 25 18			

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: Six Flags Great Adventure 1 Six Flags Boulevard, Jackson NJ 08527 PO Box 120 Jackson, NJ 08527 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Edward Zakar, Safety Manager 3d. Cell No. 3f. E-Mail Address 3c, Tel. No. 3e. Fax No. (732)928-2000 X2602 (732)928-4083 ezakar@sftp.com 4b. Principal Product or Service 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: Theme Park, Ambulance Service EMS Ambulance Service Jackson NJ 5b. Description of Unit Involved: 6a. Number of Employees in Unit: All Emergency Medical Technicians 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes management, firefighters, members of UH Local 54, and all others Check One: 🔀 7a. Request for recognition as Bargaining Representative was made on (Date) 06/18/18 and Employer declined recognition on or about (Date) none (If no reply received, so state). ☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f, E-Mail Address 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) none 10a. Name 10b. Address 10c, Tel. No. 10d. Cell No. 10e Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: | 11a. Election Type: mail ballot election, 10 days after receipt of voter list and contact information Manual Mail Mixed Manual/Mail 11c. Election Time(s): 11d. Election Location(s): 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): International Association Of EMT's and Paramedics 159 Burgin Parkway, Quincy MA 02169 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Association Of EMT's and Paramedics/NAGE/SEIU Local 5000 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (617)376-0220 (617)984-5695 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): PO Box 19, Elizabeth NJ 07207 Frank Wagner, National Representative 13c. Tel. No. 13e. Fax No. 13f. E-Mall Address 13d. Cell No. (617)984-5695 (732)485-6799 fwagner@nage.org to the best of my knowledge and belief. I declare that I have read the above petition and that the statements Date Name (Print) Title Signature 06/22/18 Frank Wagner National Representative

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No. 04-RC-223261	Date Filed July 9, 2018			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 409 S Carlisle St PA Allentown 18109-2770 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 1300 IDS Center 80 Sou h 8th street MN Minneapolis 55402-2136 Mark Schneider 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (651) 305-1067 mschneider@littler com (612) 313-7634 (612) 812-9012 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Auto & Truck Parts **Delivery of Tires** Allentown, PA 5b. Description of Unit Involved 6a. No. of Employees in Unit: 10 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: Request for recognition as Bargaining Representative was made on (Date) and Employer declined recogni ion on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 7/26/18 11c. Election Time(s): 11d. Election Loca ion(s): TBD Employers address location inside building TBD 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters 12g. E-Mail Address btaylor@teamster773.org 12d Tel No 12e. Cell No. 12f. Fax No. (610) 770-9581 (484) 714-5414 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c Tel No. 13d Cell No. 13e Fax No. 13f F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date **Business Agent** Brian A. Taylor 07/5/2018 12:03:02 Brian Andrew Taylor

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		

Employees Included
All full-time and regular part-time delivery drivers

Employees Excluded

All other employees including but not limited to managers, supervisors, first level supervisors and guards as defined in the act

Mark Cicak

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
04-BC-223720	7/13/18			

7/13/2018

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Penn State Milton S. Hershey Medical Center 500 University Drive Hershey PA 17033 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Mariann Kreiser, Human Resource Business same Partner 3c. Tel. No. 3d. Cell No. 3f. E-Mail Address 3e. Fax No. 717-531-5345 717-531-4021 mkreiser7@pennstatehealth.psu.edu 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Medical Services Hershey, Pennsylvania 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: 73 additional employees All regular full time Surgical Technologist (Petitioner is seeking self determination election) 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? 🗵 Yes 🔲 No supervisors and guards as defined in the Act Check One: X 7a. Request for recognition as Bargaining Representative was made on (Date) July 13, 2018 and Employer declined recognition on or about (Date) no reply (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: Teamsters Local 776 2552 Jefferson Street Harrisburg, PA 17110 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 717-233-8766 717-233-6023 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i, Expiration Date of Current or Most Voluntarily recognized unit of ap Recent Contract, if any (Morith, Day, Year) 6/30/2019 International Brotherhood of Teamsters 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10f. E-Mail Address 10e Fax No 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): August 8, 2018 6:00am - 8:00am & 2:00 pm-4:00 pm Auditorium Anti-room in Hershey Medical Center 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): 2552 Jefferson Street Harrisburg PA 17110 Teamsters Local Union No. 776 12c. Full name of hational or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters 12d Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 717-233-8766 717-233-6023 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a: Name and Title: 13b. Address (street and number, city, State and ZIP code): Mark Cicak, Organizer 2552 Jefferson Street Harrisburg PA 17110 13f. E-Mail Address 13c. Tel. No. 13d. Cell No. 13e. Fax No. 717-645-2674 markcicak@gmail.com 717-233-8766 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Name (Print) Signature

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Organizer

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No. 04-RC-223914	Date Filed 7/18/18			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 399 N Virginia Ave NJ Carnevs Point 08069-1148 Sunbelt Rentals, Inc. 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 399 N Virginia Ave NJ Carneys Point 08069-1148 Scott Wistar 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address scott@wistar.com (609) 209-0294 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Construction Services Construction Equipment Rental Penns Grove, NJ 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes [] No [] Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8f. E-Mail Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): August 8, 2018 11c. Election Time(s): 11d. Election Location(s): 9:00 A.M. 399 N Virginia Ave, Carney's Point, NJ 08069 12a. Full Name of Petitioner (including local name and number)
Pat Hielm
International Union of Operating Engineers Local 825 12b. Address (street and number, city, state, and ZIP code) 65 Springfield Avenue 3rd Floor NJ Springfield 07081-12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union of Operating Engineers 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address phjelm@iuoe825.org (973) 671-6962 (201) 572-6658 (973) 921-2918 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a Name and Title 13b. Address (street and number, city, state, and ZIP code) Daniel Stark Esq. Attorney DeCotiis FitzPatrick Cole & Giblin 500 Frank W. Burr Blvd. Suite 31 NJ Teaneck 07666-13d. Cell No. 13e. Fax No. 13f. E-Mail Address dastark@decotiislaw.com (201) 347-2129 (201) 213-0458 (201) 928-0588 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date Daniel Stark Attorney Daniel Stark Esq 07/18/2018 10:58:28

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Case Date Filed

Attachment

Employees Included Mechanics, Drivers, and Yard Workers

Employees Excluded
All other employees, office clericals, guards, and supervisors as defined by the ACt

Name (Print)

Eve R Keller Esq

Signature Eve R. Keller, Esq.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
04 00 224222	7122110			

07/23/2018 11:59:09

PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3215 Fire Rd NJ Egg Harbor Township 08234-5857 New Jersey American Water 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 3215 Fire Rd NJ Egg Harbor Township 08234 5857 Kevin Brown 3f. F-Mail Address 3c. Tel. No. 3d. Cell No. 3e. Fax No. kevin brown@amwater.com (609) 513-3732 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Water Utilities Water Egg Harbor Township, NJ 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes [/ No [] Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8b. Address 570 Broad Street 10th Floor N.I. Newark 07102-8a. Name of Recognized or Certified Bargaining Agent (If none, so state). BJ 32 SEIU Kevin Brown 8c. Tel No. 8d Cell No. 8e. Fax No 8f. E-Mail Address (917) 596-4298 (973) 623-8131 (973) 623-8602 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 10/15/2015 10/14/2018 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10c. Tel. No. 10d. Cell.No. 10a. Name 10b. Address 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: // Manual / Mail / Mixed Manual/Mail any such election. 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): Wednesdays; 8/1 or 8/8 3215 Fire Road, Egg Harbor Township, NJ 08234 9:00 a.m. 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) 12g. E-Mail Address michael.watts@amwater.com 12d, Tel No. 12e. Cell No. 12f. Fax No. (856) 718-4218 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Eve R Keller Esq. Attorney Folkman Law Offices, P.C. 1949 Berlin Rd STE, 100 NJ Cherry Hill 08003-3737 13e. Fax No. 13f. E-Mail Address 13c. Tel No. 13d. Cell No. evekeller@folkmanlaw.com (856) 354-9776 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Title Date

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Attorney

PRIVACY ACT STATEMENT

DO NO	OT WRITE IN THIS SPACE
Case	Date Filed

Employees Included

All production workers, customer service personnel (FSR), meter readers, utility mechanics, inspectors, stock clerks and shift workers located at 3215 Fire Road, Egg Harbor Township, NJ.

Employees Excluded

All office clerical employees and supervisors; all other workers not employed at 3215 Fire Road, Egg Harbor Township, NJ.

FORM NI RR-502 (RC) (2-18)

11b. Election Date(s): August 7, 2018

13c. Tel. No.

215-931-2530

12a. Full Name of Petitioner (including local name and number):

UNITED STATES OF AMERICA

DO NOT WRITE I	THIS SPACE			
Case No.	Date Filed			
04-RC-225117	8 7 18			

NATIONAL LABOR RELATIONS BOARD **RC PETITION** INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: **Taylor Farms** 406 Heron Drive # A Swedesboro, NJ 08085 3b. Address (if same as 2b - state same): 3a. Employer Representative - Name and Title: James Bryan, President Same as 2 b. 3c. Tel. No 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 856-241-0097 jbrayn@taylorfarms.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Packing/processing Agricultural Products Swedesboro, NJ 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: 14 All full-tme and regular part-time delivery drivers and jockeys 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No Excluded: All other employees, guards and supervisors as defined by the Act Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) August 2, 2018 and Employer declined recognition (If no reply received, so state). no reply ☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: None 8f. E-Mail Address 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8i. Expiration Date of Current or Most 8g. Affiliation, if any: 8h. Date of Recognition or Certification Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? N_{Ω} If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Manual Mail Mixed Manual/Mail

Teamsters Local 929 4345 Frankford Ave, Philadelphia Pa. 19124 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters 12e Cell No. 12f. Fax No. 12d Tel No. 215-288-1430 215-288-8128 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 1601 Market Street, Suite 1500, Philadelphia, PA 19103 13a. Name and Title: Neal Goldsein, Esq.

13e. Fax No.

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Signature 1 Neal Goldstein Attorney

13d, Cell No.

11c. Election Time(s):

7am-7:30 am

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

13f. E-Mail Address

8/2/2018

11d. Election Location(s):

12b. Address (street and number, city, State and ZIP code)

Employee lunchroom

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE			
Case No.	Date Filed		
04-RC-225455	8 110 118		

	14, 21,00	1.0		1 03	. 100-22	23433	- 1	8 10 18	
INSTRUCTIONS: Unless e-Filed amployer concerned is located. The employer and all other partie Case Procedures (Form NLRB 4)	The petition must be accomp s named in the petition of: (panied by both a sho i) the petition; (2) St	owing of interest (see 6b b	elow) and (Form NLR	e certificate B-505); and	of service she (3) Description	on in which the owing service on h of Representat	i tion
PURPOSE OF THIS PETITION: bargaining by Patitioner and Pet requests that the National Lab	itioner desires to be certified a	s representative of the	e employees. The I	Petition	er alleges t	hat the follo	wing circumst	ances exist and	
Ra. Name of Employer: Advance Stores Co., Inc. Parts	d/b/a Advance Auto	2b. Address(es) of E 9755 Commer	steblishment(s) invoce Circle, Ku	idved (S	PA 19	imber, City, 530	State, ZIP code	a):-	
fa. Employêr Representative - Nê Mark Nguyen, Plant Mar	me and Title: nager	3b. Address (if same same	e as 2b - state sam	e):					
ac. Tel. No. 610-285-5720	3d. Cell No.	3e. Fax No. 610-285		3	of. E-Mail A	dress			
4a. Type of Establishment (Factory, Warehouse		4b. Principa Auto pa	al Product or Service LTS	æ		5a. City and Kutzto	State where u	nit is located:	
bb. Description of Unit Involved: Included: See attached description Excluded: Office clericals, manager		rds, and superv	isors.			450 6b. Do a su of the e	mployees in the	er (30% of more)	∏ No.
Check One: 7a. Request for re	ecognition as Bargaining Repr	esentative was made no reply received, so	on (Date) state).	tion und			eclined recogni		17 140.
8a. Name of Recognized or Certi	Red Bargaining Agent (If non	e, so state) 8b. Ad	dress:						
8c. Tel. No.	8d. Cell No.	8e. Fax No		1	8f. E-Mail Address				
8g. Affiliation, if.eny:		8h. Date of Re				ration Date of Current or Most Contract, if any (Month, Day, Year)			
is there now a strike or picketing (Name of Labor Organization) Organizations or individuals off individuals known to have a rep	er than Pelitioner and those n	amed in items 8 and	9, which have claim	, h	as picketed	the Employe	are participation are since (Month, is and other org	Day, Year)	
10a, Name	10b. Address			- 1	10c, Tel. No	o	10d. Cell No.		-
			}		10e. Fax.No.		10f. E-Mail Address		
11. Election Details: If the NLRB	z		tion with respect to			X Manua	l [Mail [Mixed Manua	il/Mail
11b. Election Date(s): 11c. Election Time(s): 5 pm to 9 pm			Conference Room A, 9755 Commerce C			Circle			
12a. Full Name of Petitioner (incl Professional and Public 1310	Service Employees, I	Local Union	12b. Address (str. 317 N. Wash Wilkes-Barr	ningto e, PA	n St. 18705		ZIP code):		
12c. Full name of national or international T	national labor organization of w Jnion of North Amer	ica, AFL-CIO	affiliate or constitue	nt (if nor	ne, so state)	7			
12d, Tel. No. 570-826-1300	12e, Cell No. 12f, Fax No. 570-826-1766			12g. E-Mail Address					
13. Representative of the Petitio 13a. Name and Title: Brian Petruska, Counsel	ner who will accept service	135. Addr 11951 F	poses of the repress (street and numerical properties of the VA 20190	nber, city	, State and	ing. ZIP code):	atides dept.		
13c. Tel. No. 703-860-4194	13d. Cell No.	13e, Fax 1 703-86	0-1865			ka@mali	una.org		
Name (Print) Brian Petruska	ove petition and that the state	tements are true to t	he best of my kho	Title	and belief. ounsel			Date 08/1	0/18

5b. Description of Unit Involved:

All full-time and regular part-time General Warehouse Workers, Battery Room Utility Techs. Clerk II employees, Maintenance I, II, III employees, Forklift Technician, Maintenance Team Leads, Service Workers, and Switchers employed the Employer at its 9755 Commerce Circle, Kutztown, PA facility.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
04-RC-225839	0117110			

RCPE	IIIION		04-RC-	225839	1 8	117118
INSTRUCTIONS: Unless e-Filed us	ing the Agency's we	ebsite, <u>www.r</u>	lrb.gov, submit a	n original of this		
in which the employer concerned	s located. The petit	ion must be a	accompanied by	both a showing o	f interest (se	e 6b below) and a certificate
of service showing service on the						
(Form NLRB-505); and (3) Descript				RB 4812). The sl	nowing of inte	erest should only be filed
with the NLRB and should not be s					525	
PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner d requests that the National Labor Rela	esires to be certified as re	epresentative of	the employees. The	Petitioner alleges th	at the following	g circumstances exist and
2a. Name of Employer				t(s) involved (Street e		
Jefferson Frankford Hospita				ue, Philadelph	ia, PA 191	24
3a. Employer Representative - Name and	Title	36	Address (If same as	s 2b - state same)		
Karen Sobczak 3c. Tel. No.	3d. Cell No.	30	Same Fax No.		3f. E-Mail Add	toce
215-831-2000	215-831-2302		CONTROL OF STANCES		karen.sob	czak@jefferson.edu
4a. Type of Establishment (Factory, mine, t	vholesaler, etc.) 4b. P	rincipal product			100	and State where unit is located:
Hospital 5b. Description of Unit Involved		Hospital		***************************************	Ph	iladelphia, PA
Included: All full-time and reg	ular part-time Ma	aintenance	Engineering e	employees at .	Jefferson	6a. No. of Employees in Unit:
Excluded: Frankford Hospital.						6b. Do a substantial number (30% or more) of the employees in the
All other employees	, managers, gua	rds and su	pervisors as d	lefined in the	Act.	unit wish to be represented by the Petitioner? Yes X No
Check One: X 7a. Request for re	cognition as Bargaining	Representative v	vas made on (Date)	8/17/18 an	d Employer ded	ined recognition on or about
	y(Date) (If no re					
	urrently recognized as Ba		entative and desires	certification under the	Act.	
8a. Name of Recognized or Certified Bar None	gaining Agent (it none,	so state).	ob. Address			
8c, Tel No. 8e. Fax No. 8f. E-Mail Address				ress		
8g. Affiliation, if any					Date of Current or Most Recent (Month, Day, Year)	
9. Is there now a strike or picketing at the E	mployer's establishment(s) involved?	VO If so, approx	imátely how many er	nployees are pa	rticipating?
				Month, Day, Year)		1
10. Organizations or individuals other than						other organizations and individuals
known to have a representative interest in	ny employees in the unit	described in iter	n 5b above. (If none,	so state) Non		
10a. Name	10b. Address		5	10c. Tel. No.		10d. Cell No.
				10e. Fax No.		101, E-Mail Address
11. Election Details: If the NLRB conduct any such election.	s an election in this matte	er, state your pos	ition with respect to	11a. Election Type	: X Manual	MailMixed Manual/Mail
11b. Election Date(s): September 12, 2018	11c. Election 3:30-4	Time(s): :30 p.m.	11d. Election Location(s): conference room on site			site
12a. Full Name of Petitioner (including to IBEW Local 98	ocal name and number)	.00 p	12b. Address (street and number, city, state, and ZIP code) 1701 Spring Garden St., Philadelphia, PA 1			city, state, and ZIP code)
12c. Full name of national or international la International Brotherhood	abor organization of which	h Petitioner Is an	affiliate or constituen	t (if none, so state)		The State Production (MAN) Addition from
12d. Tel No.	12e. Cell No.		f, Fax No.	MANAGE S	12g. E-Mail Ad	
215-563-5592	215-964-4280					@ibew98.org
13. Representative of the Petitioner who	will accept service of a	21 800				
13a. Name and Title	•			d number, city, state, Street Suite 21		Inhia PA 19103
Cassie R. Ehrenberg, Esquir 13c. Tel No. 215-735-9099	13d. Cell No.	13	325 Chestnut Street, Suite 200, Philadelphia, 13e. Fax No. 215-640-3201 13f. E-Mail Address cehrenberg@c			dress
I declare that I have read the above petit	on and that the stateme			vledge and belief.		
	opalure	Til		<u> </u>	Date	301 - 840 - 002
Cassie R Fhrenhern		X	Attorney	s Viller generali	8.	/17/18
WILLFUL FALSE STATEME	NTS ON THIS PETITIO	CAN BE PUNI	SHED BY FINE AND	IMPRISONMENT (U	S. CODE, TITL	E 18, SECTION 1001)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed	_					
04-RC-226192	8 23 118						

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INSTRUCTIONS: Unless e-Filed us	ing the Agency's w	vebsite, ww	w.nlrb.gov, submit a	n original of this				
in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate								
of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form								
(Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed								
with the NLRB and should not be s	erved on the empl	oyer or any	y other party.					
PURPOSE OF THIS PETITION: RC-CEI bargaining by Petitioner and Petitioner do requests that the National Labor Relational	esires to be centiled as	representativ	e of the employees. The I	Petitioner alleges th	nat the following	circumstances exist and		
2a, Name of Employer	Jones Production		dress(es) of Establishment					
Berkshire Mechanical		2729	9 Leisczs Bridge	Road, Leespo	rt, PA 1953	33		
3a. Employer Representative - Name and	Title		3b. Address (If same as					
Michael McDermott, Presid	lent		same					
3c. Tel. No.	3d. Cell No.		3e. Fax No	100	3f. E-Mail Add	\$50.00 (a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		
610-921-9500x4303					Michael.McDern	nott@berkshlremechanical.com		
4a. Type of Establishment (Factory, mine, w	rholesaler, etc.) 4b.	Principal prod	duct or service		5a. City	and State where unit is located:		
service technicians	Н	leating, a	ir conditioning ar	a other serv	ices Le	esport, PA		
5b. Description of Unit Involved Included: All full-time and regu	ular part-time H	VAC sen	vice technicians e	mployed by I	Berkshire	6a. No. of Employees in Unit:		
_ Mechanical.						6b. Do a substantial number (30% or more) of the employees in the		
All other employees	, guards and su	pervisor	s as defined in th	e Act.		unit wish to be represented by the Petitioner? Yes X No		
Chock One: Y 7a. Request for re	cognition as Bargaining	Representat	live was made on (Date) _	8/17/18 ar	nd Employer dec	ined recognition on or about		
No reply	(Date) (if no	reply received				100 A CONTROL OF THE PARTY OF T		
8a. Name of Recognized or Certified Ber			8b Address					
None								
8c. Tel No.	8d Celi No.		8e. Fax No.		8f. E-Mail Add			
8g. Affillation, if any			8h. Date of Recognition or	Certification		Date of Current or Most Recent ((Month, Day, Year)		
9. Is there now a strike or picketing at the E	mployer's establishmen	bevlovni (a)In	N/A If so, approx	imately how many e	mployees are pa	rticipating?		
(Name of labor organization)		, has pick	eted the Employer since (A	donth, Day, Year)				
10. Organizations or individuals other than	Petitioner and those na				resentatives and	other groanizations and individuals		
known to have a representative interest in a								
10a. Name	10b Address			10c Tel. No		10d. Cell No.		
				10e. Fax No.		10f. E-Mail Address		
 Election Details: If the NLRB conducts any such election. 		1 23 250	r position with respect to	11a. Election Type		Mail Mixed Manual/Mail		
11b. Election Date(s): September 13, 2018		a.m 8:0	0 a.m.		ice Room			
12a. Full Name of Petitioner (Including to Steamfitters Local 420	ical name and number	r)	. 17 8.000	12b. Address (stre 14420 Town	et and number, o	city, state, and ZiP code) Philadelphia, PA 19154		
12c. Full name of national or international la	bor organization of whi	ch Petitioner	is an affiliate or constituent	(if none, so state)				
United Association of Journ	eymen and App	prentices	of the Ploumbing	and Pipe Fit	ting Indust	ry of the US and Canada		
12d, Tel No. 267-350-4200	12e. Cell No. 267-431-5181		121, Fax No.		12g. E-Mail Ac	n@lu420.com		
13. Representative of the Petitioner who		all papers fo	or purposes of the repres	entation proceeding		11@10420.00111		
13a. Name and Title Cassie R. Ehrenberg, Esqu			13b, Address (street and	number, city, state.	and ZIP code)	Iphia, PA 19106		
13c. Tel No. 215-735-9099	13d. Cell No.		13e, Fax No. 215-640-3201		13f. E-Mail Ad			
I declare that I have read the above petiti	on and that the staten	nents are tru		ledge and belief.		- 369,9		
	mature		Title		Date			
Cassie R. Ehrenberg	-	$\overline{}$	Attorney		Auc	just 23, 2018		
						E 18, SECTION 1001)		

PRIVACY ACT STATEMENT

Name (Print)

Brian A Taylor

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE							
Case No.	04-RC-226966	Date Filed 9/07/18					

Date

09/7/2018 13:41:36

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) One Industrial Complex
PA Nesquehoning 182403b. Address (If same as 2b – state same) KME/Rev group 3a. Employer Representative - Name and Title One Industrial Complex PA Nesquehoning 18240-Bob Beck 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 3e. Fax No. (570) 669-5574 bbeck@kmefire.com (570) 669-5121 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Auto & Truck Manufacturers Nesquehoning, PA **Building firetrucks** 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the See Attached Page 2 for additional details Petitioner? Yes [No [] and Employer declined recognition on or about Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8d Cell No. 8c. Tel No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e Fax No. 10f F-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 10/03/18 11c. Election Time(s): 11d. Election Location(s): 2pm to 5pm employers address actual room to be decided 12a. Full Name of Petitioner (Including local name and number) Brian A Taylor Teamster Local 773 12b. Address (street and number, city, state, and ZIP code) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters 12e. Cell No. 12d. Tel No. 12f. Fax No. 12g. E-Mail Address btaylor@teamster773.org (484) 714-5414 (610) 770-9581 (484) 714-5414 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Business Agent/Organizer

Title

Signature

Brian A. Taylor

PRIVACY ACT STATEMENT

DO NOT WRITE IN THIS SPACE

Case 04-RC-226966

Date Filed

9/07/18

Employees Included

All full-time and regular part-time blue collar non-professional employees including but not limited to;

Employees Excluded

All other employees including Managers, supervisors and guards as defined in the act.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

DO NOT WRITE IN THIS SPACE								
Case No.	04-RC-227141	Date Filed 9/12/18						

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 8201 Industrial Blvd PA Breinigsville 18031-1241 Silgan Containers manufacturing 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 8201 Industrial Blvd PA Breinigsville 18031-1241 John Robbins 3d. Cell No. 3f. E-Mail Address 3c. Tel. No. 3e. Fax No. irobbins@silgancontainers.com (484) 223-3189 (315) 398-9725 (484) 223-0284 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Misc. Fabricated Products can manufaturer Breinigsville, PA 5b. Description of Unit Involved 6a. No. of Employees in Unit: 17 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the See Attached Page 2 for additional details Petitioner? Yes [] No [] Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10b. Address 10c. Tel. No. 10d. Cell No. 10a. Name 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11d. Election Location(s): 11c. Election Time(s): 11b. Election Date(s): 10/4/18 Employers address actual room to be decided 9 am 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Brian A Taylor Brian A Taylor 3614 Lehigh St PA Whitehall 18052-3401 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) 12g. E-Mail Address btaylor@teamster773.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (484) 714-5414 (484) 714-5414 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a Name and Title 13f. E-Mail Address 13c. Tel No. 13d. Cell No. 13e. Fax No. I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Name (Print) Signature Title Brian A. Taylor 09/11/2018 15:01:32 Brian A Taylor

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

DO NOT WRITE IN THIS SPACE							
Case	Date Filed						
04-RC-227141	9/12/18						

Employees Included

All full-time and regular part-time blue collar non-professional employees including but not limited to; Machinists, forklift operators, mechanics, palletizers, general laborers and industrial electricians.

Employees Excluded

All other employees including Managers, Supervisors and guards as defined in the act.

(215) 931-2530

Name (Print)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NO	DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed					
04-PC-227202	0112					

RC PE	TITION		04-RC-	-227202		9 12 18		
INSTRUCTIONS: Unless e-Filed us	ing the Agenc	v's website. w			etition to a			
in which the employer concerned								
of service showing service on the					Trong Inc.			
(Form NLRB-505); and (3) Descrip								
with the NLRB and should not be				15 1012). 1110 01101	ing or me	orest should only be med		
1. PURPOSE OF THIS PETITION: RC-CE	RTIFICATION OF	REPRESENTA	TIVE - A substantial number	of employees wish to be	represented	for purposes of collective		
bargaining by Petitioner and Petitioner of requests that the National Labor Rela	lesires to be certifi	ed as representa eed under its pr	tive of the employees. The looper authority pursuant to	Petitioner alleges that to Section 9 of the Natio	the following nal Labor R	g circumstances exist and elations Act.		
2a. Name of Employer			Address(es) of Establishment 6700 Essington Avenue	(s) involved (Street and	number, city	, State, ZIP code)		
Philadelphia Wholesale Produce Market			PA Philadelphia 19153-					
3a. Employer Representative – Name an	d Title		3b. Address (If same as					
George Binck		100	6700 Essington Av PA Philadelphia 19					
3c. Tel. No.	3d. Cell No.		3e. Fax No.		. E-Mail Add			
(215) 336-3003	<u> </u>			gı	binck@procacc	Zin Charles (Springer)		
4a. Type of Establishment (Factory, mine,	wholesaler, etc.)	4b. Principal pr	oduct or service		5a. City	and State where unit is located:		
Others	2020		Produce		1	Philadelphia, PA		
5b. Description of Unit Involved						6a. No. of Employees in Unit:		
Included: See Attached Page 2 for addition	nal details					6b. Do a substantial number (30%		
		_ =	Service and the service of the ser			or more) of the employees in the		
Excluded: See Attached Page 2 for addition	onal details					unit wish to be represented by the Petitioner? Yes [] No []		
Check One: 7a. Request for r	ecognition as Barg	aining Represent	tative was made on (Date) 0	9/05/2018 and E	mployer dec	lined recognition on or about		
	(Date)	(If no reply receiv	ed, so state). No reply recei	ved				
			Representative and desires	certification under the Ac	t.	7		
8a. Name of Recognized or Certified Bar	rgaining Agent (h	none, so state).	8b. Address					
	Laterini		Too Familia	100	E Mail Add			
8c. Tel No.	8d Cell No.		8e. Fax No.		. E-Mail Add			
8g. Affiliation, if any			8h. Date of Recognition or			on Date of Current or Most Recent any (Month, Day, Year)		
9. Is there now a strike or picketing at the I	molover's establis	shment(s) involve	d? No If so, approx	imately how many emplo	ovees are pa	rticipating?		
(Name of labor organization)			cketed the Employer since (I					
10. Organizations or individuals other than	Petitioner and tho				entatives and	d other organizations and individuals		
known to have a representative interest in	any employees in	the unit described	d in item 5b above. (If none,	so state)	cinatives an	other digamentations and marriadals		
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.		
	1							
				10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the NLRB conduct any such election.	s an election in th	is matter, state yo	our position with respect to	11a. Election Type:	Manual [Mail Mixed Manual/Mail		
11b. Election Date(s): September 17, 2018	11c. E 8:30 a.	lection Time(s): m.		11d. Election Location 6700 Essington Avenu	* * *	nia, PA 19153		
12a. Full Name of Petitioner (including I				12b. Address (street a 4345 Frankford Avenue PA Philadelphia 19124-	nd number,	city, state, and ZIP code)		
Rocky Bryan Jr. Teamsters Local 929 12c. Full name of national or international	abor organization	of which Petitione	er is an affiliate or constituen	PA Philadelphia 19124- t (if none, so state)				
International Brotherhood of Teamsters								
12d. Tel No.	12e. Cell No.		12f. Fax No.	12g. E-Mail Address rocky.bryan@teamsterslocal929.org				
(215) 288-1430	l	28.00	(215) 288-8128		chy.bryane	cametological care		
13. Representative of the Petitioner who	will accept serv	ice of all papers	1 13b. Address (street and	entation proceeding.	d 7IP codel			
13a. Name and Title Neal Goldstein Attorney Freedman & Lorry, P.C.	- saddlesidice.		1601 Market St Suite 15 PA Philadelphia 19103-	000	2 211 COUC)	0444 W 61 0 0 0770		
13c. Tel No.	13d. Cell No.		13e. Fax No.	13	3f. E-Mail Ad	dress eedmanlorry.com		
(245) 021 2520			1 1/101 M/0-/016	1 . 7.12				

Neal Goldstein Attorney 09/6/2018 13:03:34
WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) Neal Goldstein

Title

(215) 925-7516

Date

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Signature

PRIVACY ACT STATEMENT

DO N	OT WRITE IN THIS SPACE
Case	Date Filed
	12

Employees Included
All full-time and regular part-time office clerical employees

Employees Excluded

All other employees, incuding guards and supervisors as defined in the Act.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE						
Case No.	04-RC-227216	Date Filed 9/12/18				

RC PETITION					1		04	4-KC-22	/216	9/1	2/18
INSTRUCTIONS: Unless o-Flied u amployer concurned is located. I the employer and all other parties Case Procedures (Form NLRB 48	he petition s named in	must be	nccompanied on of: (1) the	by both a sh petition; (2) S	owing of interest (se tatement of Position	form	elow) and (Form NLF	a certificate (B-505); and	of service si (3) Descripti	gion in wh howing se ion of Rep	rvice on resentation
PURPOSE OF THIS PETITION: bargaining by Pelitioner and Peli requests that the National Laborater	lioner desire	s to be ce	rtified as repre	esentative of th	ne employees. The Pe	titione	er alleges t	hat the follo	wing circum	stances e	
2a. Name of Employer:			2b. A	ddress(es) of	Establishment(s) invol	lved (S	Street and n	umber, City.	State, ZIP con	de):	
PSC Industrial Outsourcing LP 900 Industrial Drive, 0					al Drive, Ches	ilhur	rst, NJ	08089			
3a. Employer Representative - Nat Timothy J. Gaudet	3a. Employer Representative - Name and Title: Timothy J. Gaudet 3b. Address (if same as 2b - state Same					:					**************************************
3c. Tel. No. 313-749-3011	3d. Cell No),	<u></u>	3e. Fax No	5.	39.20	Sf. E-Mail A		drasham		
4a. Type of Establishment (Factory,	-les abele	!!-		4h Odania	al Product or Service		um.gau		drochem State where		Committee of the Commit
Shop/yard	mine, whole	saier, etc.	,		rial Services			Chesilhu	rst, NJ 08	089	iteo:
5b. Description of Unit Involved: Included:								6a. Number	of Employee	s in Unit:	
All full time and part tin	ne Oper	ators,	Technicia	ans and T	Team Leaders	ì			્ર7		7
Excluded:			2	W 198				6b. Do a st	itstantial num	ber (30% c	or more)
All managers, supervis	cognition as		g Representa		on (Date)	es	and	represe	nted by the P eclined recog	alilioner?	
on or about (Date) 7b. Petitioner is cu		nized as				n unde	er the Act.				
8a. Name of Recognized or Certifi					ddress:						
8c. Tel. No.	8d. Cell No			8e. Fax No			8f. E-Mail A	ddroes		- 1	
ac. rei. No.	do. Cell No).		be. rax No	o.	ľ	OI. E-IVIAII A	duless	FIG. 185-18470000-00		
8g. Affiliation, if any:				8h. Date of R	a. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)						
Is there now a strike or picketing a (Name of Labor Organization)	at the Emplo	yer's esta	blishment(s) li	nvolved?	If so, approx				s are participa er since (Mon		ar)
Organizations or individuals other individuals known to have a representation.									es and other o	organization	ns and
10a. Name		10b. Add	fress			- 1	10c. Tel. N	o.	10d. Cell No		17 LE V.
Access to be a second		100.710	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
							10e. Fax N	0.	10f. E-Mail A	ddress	
11. Election Details: If the NLRB co. Demand.for.recognition					tion with respect to an	ny such	h election:		27 and 1	Mixed	Manual/Mail
11b. Election Date(s):	i.mauc.		ction Time(s):			- 1	11d Election	on Location(s		-C	mandal/man_
September 25, 2018		F-12		a.m8:0	0 a.m.		. ,	***************************************			
12a. Full Name of Petitioner (included)	ding local na			<u> </u>	12b. Address (street	t and r	number, cit	y, State and	ZIP code):		
International Brotherho				1 560	707 Summit		Activities of the second secon)87	
12c. Full name of national or internal International Brotherho				etitioner is an	affiliate or constituent	(if non	ne, so state):			
12d. Tel. No.	12e. Cell N	,		12f. Fax N			12g. E-Ma		0001560	nom	
201-864-0051	sub-access		miles of III		64-4177				_ocal560	.com	
 Representative of the Petitions Name and Title: 	er who will a	sccept se	rvice of all p		poses of the represe ess (street and numbe						
Paul A. Montalbano, Esq.	•				ver Drive, Suite				NJ 0740)7	
13c. Tel. No.	13d. Cell N		- 17	13e. Fax			13f, E-Mail Address				
9082988800	20131				89333		montalbanoemail@yahoo.com				F
I declare that I have read the abov	e petition a		***************************************	s are true to t	he best of my knowl	-				-	Date
Name (Print) Paul A. Montalbano		S	Tarre (4. More	Relbens	Le	gal Co	unsel			9/12/18

LINUTED STATES OF AMERICA

	DO NOT WRITE IN THIS SPACE							
Case No.	04-RC-228558	Date Filed						

FORM NLRB-502 (RC)	UNI	ED STATES OF A	AMERICA					DO 1101 1	THE ME TIMO	JI AUL	
(2-18)	NATIONA	AL LABOR RELATIONS BOARD RC PETITION				Case N	0.	04-RC-	228558	Date F	iled 0 3 18
INSTRUCTIONS: Unless e-Filed employer concerned is located. the employer and all other partie Case Procedures (Form NLRB 4	The petition as named in	must be accomp the petition of: (1	panied by 1) the per	y both a s tition; (2) :	howing of interest (s Statement of Position	see 6b b on form (elow) and Form NLF	a certificat (B-505); an	e of service sh d (3) Description	ion in wo	vhich the service on presentation
PURPOSE OF THIS PETITION: bargaining by Petitioner and Pet requests that the National Lab	itioner desire	es to be certified as	s represe	ntative of t	the employees. The P	Petitione	r alleges t	hat the foll	owing circums	tances	
2a. Name of Employer: XPO Logistics	1403	Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 103 Industrial Highway 103 Innaminson, NJ 08077									
Justin Koch, Service Center Manager 140				. Address (if same as 2b - state same): 403 Industrial Highway innaminson, NJ 08077							
c. Tel. No. 856) 786-7211 3d. Cell No. (717) 375-8531				3e. Fax N	37	jι	. E-Mail Ad Istin.ko	ch@xpo			
a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation					pal Product or Service p & Delivery/W		ouse	5a. City an Cinnan	d State where uninson, NJ	nit is loc	cated:
5b. Description of Unit Involved: Included: All Full-time and Regula	r Part-Ti	me road and	city dr	iver	THE RESERVE			6a. Numbe 24	r of Employees	in Unit:	
Excluded: All other e maintenance	mploye	es includ	ing d	lock.	office cler	rical	, act	of the e	ubstantial numb mployees in the ented by the Pet	unit wis	sh to be
Check One: 7a. Request for re on or about (Date	cognition as	Bargaining Repre	sentative o reply re	was made ceived, so	state).	Α	and		leclined recogni		2 100 1
8a. Name of Recognized or Certifi					ddress:	on under	tile Act				
Bc, Tel. No.	8d. Cell N	ò.	I	8e. Fax N	0.	8f	E-Mail Ac	Idress			
3g. Affiliation, if any:	1	H 18 885	8h.	Date of A	lecognition or Certifica				rrent or Most Month, Day, Ye	ar)	
). Is there now a strike or picketing	at the Emplo	yer's establishmen	nt(s) invol	ved? N	/ A If so, approx	ximately	how many	employees	are participatin	g?	
(Name of Labor Organization) 10. Organizations or individuals other	ar than Petiti	oner and those na	med in ite	me 8 and	9 which have claimer	and the same	N. PHYSICA	E-2011	er since (Month,	-27/2 37	30.00
individuals known to have a repr									s and other org	anzado	is and
10a. Name		10b. Address	1		-100	10	c. Tel. No.		10d. Cell No.		
						10	e. Fax No		10f. E-Mail Add	ress	
11. Election Details: If the NLRB co	onducts and	election in this ma	tter, state	your posi	tion with respect to an	ny such e		1a. Election		7 Miyer	f Manual/Mail
1b. Election Date(s):		11c. Election Tim	ie(s):	Since -		11		Location(s] 1111/00	Mandamon
October 25, 2			0:30	/17:0	00 to 19;				r Room		
12a. Full Name of Petitioner (inclu					12b. Address (street				School State of the Section of the S		
Teamsters Loca	11 107				Phila.						
12c. Full name of national or interna						(if none,	so state):				
Internation	12e. Cell N	SCANNERS CHEMICAL PARTICIPATION OF THE PARTICIPATIO		12f. Fax N		112	g. E-Mail /	Address			
215-552-0070	1	20-9358			552-0071				rateams	ster	s107.com
3. Representative of the Petition 3a. Name and Title:	er who will a	accept service of			poses of the represe					77	
Chris Buschmeie	er, Tr	ustee		1222 Phila	75 Townser		oad				
3c. Tel. No. 215-552-00070	13d. Cell N	10. -620-9 <u>35</u> 8		13e. Fax N		13	f. E-Mail A		rāteams	ster	s107.co
declare that I have read the above									- Weccami		5107.00
lame (Print) Chris Buschn		(Signature	13	. (Title	rust	66	100000	-29-25	Date
CHIIS DUSCHI	rerer	M	La	de		1	Lust	0,0			10/2/18

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

PETITION Case

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
04-RC-229155	10112118			

	RC PETITION						101	12118
INSTRUCTIONS: Unless e-filed in employer concerned is located the employer and all other partie Case Procedures (Form NLRB 48	The petition must be accomp s named in the petition of: (panied by both a s 1) the petition; (2)	howing of interest (see Statement of Position	e 6b below) and form (Form NL	i a certificate RB-505); and	e of service s d (3) Descript	howing se ion of Rep	rvice on resentation
PURPOSE OF THIS PETITION: bargaining by Petitioner and Petitioner and Petitioner and Petitional Lab	itioner desires to be certified a	s representative of	the employees, The Pet	itloner alleges	that the follo	wing circum	stances e	
2a. Name of Employer:		2b. Address(es) of	Establishment(s) involv	red (Street and	number, City,	State, ZIP co	de):	
First Transit Philadelphia		a. a. a.	sheaf Lane, Phila	delphia, P	19137			
3a. Employer Representative - Na	me and Tille:	3b. Address (if sat	me as 2b - state same):	• •	too a see estigar			-
Doug Hart, General Man	ager	2500 Wheat	sheaf Lane, Phila	delphia, PA	19137		*que*	
3c, Tel. No. 484-239-1490	3d. Cell No.	3e. Fax N		JI. E-Mail A Doug. H	lart@firs	group.com		a constant de la cons
4a. Type of Establishment (Factory,			pal Product or Service		1	d State where	unit is loca	ted:
Para - Transportation Set 5b/ Description of Unit Involved: Included:	rvices	Para -	Transportation S	ervices	Philodelphia 6a, Numbe	r of Employee	s in Unit:	-3
All full time and regular	nart-time Road Sune	rvisors at the	Wheatsheaf I and	facility	8			
Excluded: All other employe	ees, including clericals	dispotators	schodulors vahial	o mochania	6b. Do a su	ibstantial num	ber (30% c	r more)
congress and super	visors as defined in th	c.Act.	A DESCRIPTION OF THE PARTY OF T	e meename	of the e	mployees in the	elitioner?	Yes No
Check One: 7a. Request for re	cognition as Bargaining Repre	sentative was mad	e on (Date)	an	d Employer d	eclined recog	nition	
on or about (Date)) (If n			under the Act.				Ì
8a. Name of Recognized or Certifi		the same of the last of the la	ddress:	-	2010-000			
NONE					1 et 204W/th			•
Bc.:Tel. No.	8d. Cell No.	8e. Fax N	8e. Fax No.		8fE-Mail Address			
8g. Affiliation, if any:		8h. Date of 1	Recognition or Certificat			rrent or Most (Month, Day, 1	Year)	
Is there now a strike or picketing (Name of Labor Organization)	at the Employer's establishme	nt(s) involved?	If so, approxi	mately how man			-	ar)
10. Organizations or individuals othe individuals known to have a repr	er than Petitioner and those na resentative interest in any emp	amed in Items 8 and Hoyees in the unit d	9, which have claimed escribed in item 5b about	recognition as r	epresentative			
	wall protection and the second					*		
10a. Name	10b. Address	54 X.V		10c.,Tel. N	0.	10d. Cell No.		
				10e. Fax N	o.	10f, E-Mail A	ddress	*
11. Election Details: If the NLRB co	onducts and election in this m	atter, stale your pos	ition with respect to any	such election:		n⊤ype: I	Mixed	Manual/Mail
11b. Election Date(s):	11c. Election Tir	me(s):		111d. Electi	on Location(s	to a fee man this contract of the		
Oct. 30, 2018		1 - 1:00 p.m.			room - 1			
12a. Full Name of Petitioner (Inclu	A Property of the Control of the Con		12b. Address (street					
Local 726, IUJAT	F 10		93 Lake Aven	ue, Suite 10	2, Danbu	ıry, CT 06	0188	
12c. Full name of national or interna	ational labor organization of wh	nich Petitioner is an	affiliate or constituent (il none, so state):			
International Union of Jo							v a	market the same
12d, Tel. No. 203-25-0101	12e. Cell No.	12f. Fax (05-0006	12gE-Mai		-		
13. Representative of the Petition	er who will accept service o	f all papers for pu	rposes of the represer	ntation proceed	ing.			81
13a. Name and Title: Gary P. Rothman, Esq.		Water State of the	ress (street and number ey for Local 726, I		I ZIP code):			
	13d. Cell No.	13e, Fax		13f. E-Mail	Address			
13c. Tel. No. 914-478-2801	130, CEI NO.		78-2913			manrocco	com	
I declare that I have read the above	ve petition and that the state						Li -	,
Name (Print)	Skinging	9 blat	1 1	Title			-	Date
Gary.P. Rothman		your C	ne	Attorney	or Local	726. IUJ <i>A</i>	T	10/12/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **RC PETITION**

	DO NOT WRITE IN THIS	SPACE
727		1

Case No.

04-RC-229247

Date Filed 10/16/18

INSTRUCTIONS: Unless e-Filed us employer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 48:	he petition must l named in the pet	ne accompanied lition of: (1) the p	by both a sh etition; (2) S	owing of interest (se tatement of Position	ee 6b below) and form (Form NL	l a certificat RB-505); an	le of service showing s d (3) Description of Re	ervice on presentation
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Laboratory	ioner desires to be	certified as repres	sentative of the	ne employees. The Pe	titioner alleges	that the foll	owing circumstances e	
2a. Name of Employer: Shore Toyota		2b. Ad 4236	dress(es) of EBlack	Establishment(s) invo Horse Pike, M	lved (Street and a ays Landing	number, City y, NJ 083	, State, ZIP code): 30	,
3a. Employer Representative - Nan Mark Bruschi, General M		3b. Ad Sam	C. C	e as 2b - state same).	* ****	Sign as		
3c. Tel. No. 844-338-9967	3d. Cell No. Unknown		3e. Fax No Unkow		3f. E-Mail A		yota.com	190 301
4a. Type of Establishment (Factory, r Automobile Dealership		etc.)	4b. Princip	al Product or Service otive Repair	markota	5a. City ar	d State where unit is loc Landing, NJ	ated:
5b. Description of Unit Involved: Included: All full and part-time, flat	rate and hou	rly technicia	ns				er of Employees in Unit:	10 Oak 14 C
Excluded: All other employees						of the e	ubstantial number (30% employees in the unit wis ented by the Petitioner?	h to be
Check One: 7a. Request for recon on or about (Date)	ognition as Bargai		ve was made received, so		an an	d Employer	declined recognition	0
☐ 7b. Petitioner is cur		as Bargaining Rep	resentative a	and desires certification	n under the Act.	chiller -	Derwar as Demo	vcX
8a. Name of Recognized or Certifie None	d Bargaining Age	ent (if none, so sta	ate) 8b. Ad	dress:				
8c. Tel. No.	8d. Cell No.		8e. Fax No.		8f. E-Mail A	8f. E-Mail Address		
8g. Affiliation, if any:		1				Expiration Date of Current or Most ecent Contract, if any (Month, Day, Year)		
9. Is there now a strike or picketing a	t the Employer's es	stablishment(s) inv	rolved? No	If so, approx	imately how man	y employee	s are participating?	
(Name of Labor Organization)	V-01 C	333			, has picketed	the Employ	er since (Month, Day, Ye	ar)
Organizations or individuals other individuals known to have a repre None	than Petitioner an sentative interest i	d those named in n any employees	items 8 and 1 in the unit de	9, which have claimed scribed in item 5b abo	recognition as re eve. (If none, so s	epresentative state)	es and other organization	ns and
10a. Name	10b. A	ddress			10c. Tel. No	О.	10d, Cell No.	
					10e. Fax No	0,	10f. E-Mail Address	
11. Election Details: If the NLRB con	nducts and election	in this matter, sta	ate your posit	ion with respect to any	y such election:	11a. Election		Manual/Mail
11b. Election Date(s): October 31, 2018	11c. E	lection Time(s): 0 A.M 3:0	0 P M	10020000	11d. Election Break R	n Location(s		Ivianuamvian
12a. Full Name of Petitioner (includ. International Association of Workers, AFL-CIO, Distr	ing local name and of Machinists	number):	-3-711273	12b. Address (street 652 4th Ave, B	and number, city	State and 2	ZIP code):	
12c. Full name of national or internati International Association	onal labor organiza of Machinists	ation of which Peti and Aerosp	tioner is an a ace Work	ffiliate or constituent (cers, AFL-CIO	if none, so state).		27A) 22	
12d. Tel. No. (718) 422-0090	12e, Cell No. (917) 842-67	701	12f. Fax No (718) 42	o. 22-0177	12g. E-Mail iamdt57	Address @gmail.	com	7
13. Representative of the Petitione 13a. Name and Title: Nicholas A. Scotto, Special I Territory, IAMAW			13b. Addre	oses of the represer iss (street and number t St, Suite 1710, 1	r, city, State and	ZIP code):		
13c. Tel. No. (646) 926-2910	13d. Cell No. (631) 219-43	16	13e. Fax N 646-902		13f. E-Mail nscotto(Address Diamaw.	org	
I declare that I have read the above	petition and that		are true to th	e best of my knowle				Date
Name (Print) Nicholas A. Scotto		Signature		7	Title Special Rep	oresentat	ive	Date 10/15/18

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 04-RC-229254

Date Filed 10-16-18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrt.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the potition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: Jinny Beauty Supply 2704 Cindel Drive, Cinnaminson, NJ 08077 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Julie Ahn, Title Unknown Same 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 3e. Fax No. 856-544-9150 856-303-0050 Unknown ilee@jinny.com 4b. Principal Product or Service 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Beauty Supply Cinnaminson, NJ Factory 5b. Description of Unit Involved: 6a. Number of Employees in Unit: included: 16 Drivers and Warehouse workers/Pickers 6b. Do a substantial number (30% or more) Excluded: of the employees in the unit wish to be represented by the Petitioner? All other employees Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition P. Him Serves as Demand on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None 8c. Tel. No. 8d. Cell No. 8e, Fax No. 8f. E-Mail Address 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most 8g. Affiliation, If any: Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10b. Address 10c, Tel. No. 10d. Cell No. 10a. Name 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s) 11d. Election Location(s) 8:30 A.M. - 9:30 A.M. Employee Lunch Room November 5, 2018 12a. Full Name of Petitioner (including local name and number):
International Association of Machinists and Aerospace 12b. Address (street and number, city, State and ZIP code): 652 4th Ave, Brooklyn, NY 11232 Workers, AFL-CIO, Local Lodge 447 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Association of Machinists and Aerospace Workers, AFL-CIO 12e. Cell No. 12g. E-Mail Address 12f, Fax No. 12d. Tel. No. (718) 422-0090 (917) 842-6701 (718) 422-0177 iamdt57@gmail.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): Nicholas A. Scotto, Special Representative, Eastern 26 Court St, Suite 1710, Brooklyn, NY 11242 Territory, IAMAW 13f. E-Mail Address 13c, Tel, No. 13d, Cell No. 13e. Fax No. (646) 926-2910 (631) 219-4116 646-902-5720 nscotto@iamaw.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Name (Print) Special Representative 10/15/18 Nicholas A. Scotto

Max Lyons

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
R'C PETITION

Case No. 04-RC-229947

DO NOT WRITE IN THIS SPACE
C-229947 Date Filed 10/26/18

10/26/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original or this Feution to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer Springfield Hospital 190 W. Sproul Rd. Springfield, PA 19064 3a, Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Elizabeth Bilotta, Chief Human Resource Officer, Crozer-Keyslone Medical System same 3f, E-Mail Address 3d. Cell No. 3e. Fax No. elizabeth.bilotta@crozer.org 215-284-8372 610-338-8290 610-338-8241 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Healthcare Springfield, PA Hospital 6a. No. of Employees in Unit: Included: All full time, part time, and per diem Registered Nurses employed by Springfield Hospital at the Acute Care Hospital at 190 W. Sproul Rd Springfield, PA 19064 6b. Do a substantial number (30% or more) of the employees in the Excluded: All other professional employees, technical employees, service and maintenance, skilled maintenance, business unit wish to be represented by the clerical, guards, confidential employees and supervisors as defined by the Act. Petitioner? Yes V No Request for recognition as Bargaining Representative was made on (Date) 10/26/18 and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). No RERY 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address none 8f. E-Mail Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8i. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification 8g. Affiliation, if any Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10, Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) none 10c. Tel. No. 10d. Cell No. 10b. Address 10a. Name 10e. Fax No. 10f, E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Mixed Manual/Mail 11a, Election Type: Manual Mail [any such election. 11c. Election Time(s) 11d. Election Location(s): 11b. Election Date(s): 6-9 am, 2-4 pm, 6-9 pm Lower Level Conference Room 11/20/18 12b. Address (street and number, city, state, and ZIP code) 1 Fayette St, Suite 475 Conshohocken, PA 19428 12a. Full Name of Petitioner (including local name and number) Pennsylvania Association of Staff Nurses and Allied Professionals 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) 12d, Tel No. 610-567-2907 12f, Fax No. 12g. E-Mail Address 12e. Cell No. 267-279-4160 610-567-2915 max@pasnap.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13a. Name and Title Max Lyons, Organizer 13b. Address (street and number, city, state, and ZIP code) 1 Fayette St, Suite 475 Conshohocken, PA 19428 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 13c. Tel No. 267-279-4160 610-567-2915 max@pasnap.com 610-567-2907 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Name (Print) Signature

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Organizer

PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	04-RC-230437	Date Filed 11-05-18			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 4900 Frankford Ave PA Philadelphia 19124-2695 Jefferson Frankford Hospital 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 4900 Frankford Ave PA Philadelphia 19124-2695 Karen Sobczak 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (215) 831-2302 ksobczak@jefferson.edu 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Healthcare Philadelphia, PA 5b. Description of Unit Involved 6a. No. of Employees in Unit: 180 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. F-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type:

Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): November 20, 2018 6:00 a.m. to 8:00 a.m., 2:00 p.m. to 4:00 p.m., 6:00 Conference Room 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Chris Woods
District 1199C, National Union of Hospital and Health Care Employees, AFSCME, AFL-CIO 1319 Locust Street PA Philadelphia 19107 12c. Full name of national or international labor organization of which Petitioner is an affiliate or cons ituent (*if none, so state*)
National Union of Hospital and Health Care Employees, American Federation of State, County and Municipal Employees, AFL-CIO 12g. E-Mail Address ChristenW@1199cnuhhce.org 12d. Tel No. 12e Cell No 12f. Fax No. 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Lance Geren Attorney O'Donoghue & O'Donoghue, LLP 325 Chestnut St Ste 515 PA Philadelphia 19106-2605 13c. Tel No. 13d Cell No. 13e. Fax No. 13f. E-Mail Address Igeren@odonoghuelaw.com (215) 629-4970 (202) 805-6148 (215) 629-4996 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date /s/ Lance Geren Attorney 11/5/2018 07:56:40 Lance Geren

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

	DO NOT WRITE IN THIS SPACE				
Case		Date Filed			
	04-RC-230437	11-05-18			

Employees Included

All full-time and regular part-time nonprofessional employees, including certified nursing assistants, chief storekeepers, cooks, dietary aides, ER clerks, ER techs, housekeeping employees, monitor techs, OR material coordinators, patient sitters, sterile processing techs, supply chain tech, transport employees, and unit clerks, employed by the Employer at its 4900 Frankford Avenue facility.

Employees Excluded

All other employees, technical employees, business office clericals, professional employees, managerial employees, guards and supervisors as defined in the Act.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No. 04-RC-230451	Date Filed December 10, 2018			

in which the employer concern							
of service showing service on t		1.0					
(Form NLRB-505); and (3) Desc					RB 4812). The sh	owing of inte	rest should only be filed
with the NLRB and should not to 1. PURPOSE OF THIS PETITION: RC					of employees wish to	he represented t	for numoses of collective
bargaining by Petitioner and Petition							
requests that the National Labor R	Relations Bo				Section 9 of the Nat t(s) involved (Street at		
2a. Name of Employer ACV Enviro		6	00 Cenco E	Blvd	i(s) involved (street at	ia number, city,	State, ZIP code)
3a. Employer Representative – Name	and Title	N		08312-2310 dress (If same as	2b – state same)		
Richard Ziskin Esq.	10001.0000.0000			268 Jericho Tpke Y Commack 117			
3c. Tel. No.	3d. Ce	ell No.	3e. Fax		23-	3f. E-Mail Addre	ess
(631) 462-1417	(516)	965-3183	(631) 46	62-1486		richard@ziskinlaw	firm.com
4a. Type of Establishment (Factory, min	ne, wholesal	er, etc) 4b. Principal pro	oduct or ser	rvice	•	5a. City a	nd State where unit is located:
							Clayton, NJ
5b. Description of Unit Involved							6a. No. of Employees in Unit:
Included: See Attached Page 2 for ad	Iditional details	S					45 6b. Do a substantial number (30%
							or more) of the employees in he
Excluded: See Attached Page 2 for ad	Iditional details	S					unit wish to be represented by the
7. 0					Control		Petitioner? Yes V No
Check One: 7a. Request f	or recognitio	on as Bargaining Representa		The second secon	and	Employer decili	ned recogni ion on or about
7h Petitioner	is curren ly	_(Date) (If no reply receive recognized as Bargaining R			certification under the	Δrt	
8a. Name of Recognized or Certified				8b. Address	ceruneadorr under the	Act.	
<i>₩</i>	- 30 300	1 10/4 2009		2.			
8c. Tel No.	8d Ce	ell No.	8e. Fax	No.		8f. E-Mail Addre	ess
8g. Affiliation, if any	•		8h. Date of	of Recognition or	Certification		ate of Current or Most Recent
						Contract, if any	(Month, Day, Year)
9. Is there now a strike or picketing at the	ne Employer	's establishment(s) involved	12	If so approx	imately how many em	nlovees are part	icipating?
(Name of labor organization), has picketed the Employer since (Month, Day, Year)							
	an Datitions			S X5.4 S			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)						other organizations and individuals	
27	6 60	· ·		1.33	**		
10a. Name		10b. Address			10c. Tel. No.		10d. Cell No.
					10e. Fax No.		10f. E-Mail Address
					Toc. I dx IVo.		Tot. E-Wall Address
 Election Details: If the NLRB cond any such election. 	ducts an elec	ction in this matter, state you	ur position	with respect to	11a. Election Type:	Manual _	Mail Mixed Manual/Mail
11b. Election Date(s): November 26, 2018		11c. Election Time(s):		11d. Election Loca ion(s):			
		5:00 a.m. to 7:00 a.m.; 5:	00 p.m. to	7:00 p.m.		rd, Clayton, NJ 08312	
12a. Full Name of Petitioner (including Kevin Young International Union of Operating Engineers Loc	ng local nan al 825	ne and number)			65 Springfield Avenu NJ Springfield 07081	e Third Floor	ty, state, and ZIP code)
12c. Full name of national or internation International Union of Operating Engineer	nal labor orga	anization of which Petitione	r is an affilia	ate or constituen		-	
12d. Tel No.	12e. C	Cell No.	12f. Fax	No.		12g. E-Mail Add	Iress
(732) 713-5049						kyŏung@iuoe82	25.org
 Representative of the Petitioner v Name and Title 	vho will acc	ept service of all papers f		× 5			
Daniel C Stark Esq. attorney DeCotiis FitzPatrick Cole & Giblin LLP				dress (street and ink W. Burr Blvd.	d number, city, state, a . Suite 31	ana ZIP coae)	
DeCotiis FitzPatrick Cole & Giblin LLP 13c. Tel No.	124 (Cell No.		neck 07666-		13f. E-Mail Add	2297
(201) 347-2129	320230	213-0458	(201) 92			dastark@decoti	
I declare that I have read the above p			7.00		ledge and belief.		
Name (Print)	Signature	lancer -	Title	0		Date	
Daniel C Stark Esq.	Daniel Sta	ırk	attorney			11/4/2018 12	2:36:14

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			

Employees Included Technicians, Operators, Drivers, Working Foremen, Mechanics

Employees Excluded
Office clerical employees, managerial employees, guards, supervisors, and professional employees as defined by the Act

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

	DO NOT WE	ITE IN THIS SPACE
Case No.	04-RC-230871	Date Filed 11-09-18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 7880 Penn Dr PA Breinigsville 18031-1508 Samuel Adams Pennsylvania Brewery 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 7880 Penn Dr PA Breinigsville 18031-1508 Luis Mer 3f. E-Mail Address 3d. Cell No. 3c. Tel. No. 3e. Fax No. (610) 391-4919 (610) 841-6071 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Breinigsville, PA Beverages (Alcoholic) Brerery 6a. No. of Employees in Unit: 5b. Description of Unit Involved Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Excluded: See Attached Page 2 for additional details Petitioner? Yes [] No [] and Employer declined recognition on or about Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8f. E-Mail Address Bc. Tel No. 8d Cell No. 8e. Fax No. 8i. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification 8g. Affiliation, if any Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10c. Tel. No. 10d. Cell No. 10a. Name 10b. Address 10f. E-Mail Address 10e Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 1 Manual Mail Mixed Manual/Mail any such election. 11d. Election Location(s): 11b. Election Date(s): November 27, and November 29 2018 11c. Election Time(s): 5am-7am and 5pm to 7pm Breakroom in the Brewhouse 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 1375 Virginia Dr Ste 100 PA Fort Washington 19034 Louis Agre International Union of Operating Engineers, Local 542 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union of Operating Engineers 12f. Fax No. 12g. E-Mail Address 12e Cell No. 12d. Tel No. Agrelou@gmail.com (215) 542-7557 (215) 542-7500 (215) 852-6548 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13f. E-Mail Address 13d. Cell No. 13e. Fax No. 13c Tel No I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Name (Print) Signature Title Counsel Louis Agre 11/9/2018 09:07:26 Louis Agre

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

DO NOT WE	RITE IN THIS SPACE
Case	Date Filed
04-RC-230871	11-09-18

Employees Included All brewhouse operators

Employees Excluded Supervisors, clericals, guards and all other employees who are not brewhouse operators

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRI	TE IN THIS SPACE
Case No. 04-RC-230873	Date Filed 11-09-18

RC PETITION

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective

PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petition requests that the National Labor I	ner desires to be certifi	ied as representativ	e of the employees. The I	Petitioner alleges that t	he following	g circumstances exist and
2a. Name of Employer			dress(es) of Establishment			
Sunbelt Rentals			Second Street Wilkes-Barre 18702-			AND
3a. Employer Representative - Name	e and Title		3b. Address (If same as			- 10
Isaac Putnam			89 Second Street PA Wilkes-Barre 1	8702-		
3c. Tel. No.	3d. Cell No.		3e. Fax No.		E-Mail Add	ress
(570) 392-4111						
4a. Type of Establishment (Factory, mic Construction Service		4b. Principal prod	duct or service Equipment Rental		5a. City	and State where unit is located: Wilkes Barre, PA
5b. Description of Unit Involved	:5	L	Equipment Rental	10		6a. No. of Employees in Unit:
• The state of the						8
Included: See Attached Page 2 for a	dditional details					6b. Do a substantial number (30%
Excluded: See Attached Page 2 for a	dditional details					or more) of the employees in the unit wish to be represented by the Petitioner? Yes [] No []
7b. Petitione	(Date)	(If no reply received and as Bargaining Re	epresentative and desires of			lined recognition on or about
8a. Name of Recognized or Certified	Bargaining Agent (I	f none, so state).	8b. Address			
8c. Tel No.	8d Cell No.		8e. Fax No.	8f	. E-Mail Add	ress
8g. Affiliation, if any			8h. Date of Recognition or			Date of Current or Most Recent y (Month, Day, Year)
9. Is there now a strike or picketing at the (Name of labor organization) 10. Organizations or individuals other the known to have a representative interest.	than Petitioner and tho	, has pick	seted the Employer since (I 8 and 9, which have claim	ed recognition as repres		
10a. Name	10b. Ad	dress	1	10c. Tel. No.		10d. Cell No.
				10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB con any such election.	ducts an election in th	is matter, state you	r position with respect to	11a. Election Type:	Manual [Mail Mixed Manual/Mail
11b. Election Date(s): November 23, 2018	11c. E	lection Time(s):		11d. Election Location Employer's facility-Bre	* *	
12a. Full Name of Petitioner (including Louis Agre International Union of Operating Engineers, L.	ing local name and n	umber)		12b. Address (street a 1375 Virginia Dr Ste 10 PA Fort Washington 19	nd number,	city, state, and ZIP code)
12c. Full name of national or international Union of Operating Engine	nal labor organization	of which Petitioner	is an affiliate or constituen	t (if none, so state)		- N. O. W. O
12d. Tel No.	12e. Cell No.		12f. Fax No.		2g. E-Mail A	ddress OE542.com
(215) 542-7500	(215) 852-6548		(215) 542-7557	Carrow 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ou.Agre@IU	UE542.com
13. Representative of the Petitioner 13a. Name and Title Louis Agre Counsel IUOE Local 542	who will accept serv	ice of all papers for		d number, city, state, and 0	d ZIP code)	
13c. Tel No. (215) 542-7500	13d. Cell No. (215) 852-6548	3	13e. Fax No. (215) 542-7557	1	3f. E-Mail Ac grelou@gma	
I declare that I have read the above				vledge and belief.		
Name (Print)	Signature		Title		Date	
Louis Agre	Louis Agre		Counsel		11/8/2018	08:24:13

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

DO NOT WRITE IN THIS SPACE				
se	04-RC-230873	Date Filed 11-09-18	\$1¢*	

Employees Included
All drivers, mechanics and yard personnel

Employees Excluded Guards, clericals, supervisors, administrators, counterpersons.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	04-RC-231494	Date Filed 11-23-18		

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 116 McTa Dr PA Swiftwater 18370-7724 FJ Hess And Sons 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 116 McTa Dr PA Swiftwater 18370-7724 Salvatore Furino Sr. 3d. Cell No. 3f E-Mail Address 3c. Tel. No. 3e. Fax No. briannahardy@fjhess.com (570) 839-1300 (570) 839-3400 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: HVAC/Sheetmetal Swiftwater, PA 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the See Attached Page 2 for additional details Petitioner? Yes [No [] Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 8c. Tel No. 8d Cell No. 8f. E-Mail Address 8e. Fax No. 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11c. Election Time(s): 11b. Election Date(s): December 7, 2018 11d. Election Location(s): 9:30 am to 10:00 am FJ Hess Fabrication Shop 12a. Full Name of Petitioner (including local name and number) Jeffrey Edward Schmude Sr. Jeff Schmude Sheet Metal Workers Local #44 12b. Address (street and number, city, state, and ZIP code) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) SMART Sheet Metal Air Rail And Transportation 12e. Cell No. 12g. E-Mail Address ieff@smwlu44.org 12d Tel No. 12f. Fax No. (570) 822-4781 (570) 262-5645 (570) 822-6615 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Title Date Name (Print) Signature Marketing Developer Jeffrey Edward Schmude SR. 11/21/2018 10:03:43 Jeffrey Edward Schmude Sr.

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Employees Included HVAC Full/Part time, Sheetmetal Full/Part time

Employees Excluded
Plumbers Full/Part tme, Drivers Full/Part time

DO NOT WRITE IN THIS SPACE		
Case 04-RC-231494	Date Filed 11-23-18	

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
04-RC-231871	11/30/18			

RC PE	TITION		04-RC-2	231871	111	1/30/18
INSTRUCTIONS: Unless e-Filed	using the Agenc	y's website, wu	ww.nirb.gov, submit ar	original of this	Petition to ar	NLRB office in the Region
in which the employer concerne	d is located. The	e petition must	be accompanied by b	oth a showing o	f interest (see	6b below) and a certificate
of service showing service on th						
(Form NLRB-505); and (3) Descri						
with the NLRB and should not be				D 1012)		
1. PURPOSE OF THIS PETITION: RC4				of employees wish to	be represented	for purposes of collective
bargaining by Petitioner and Petitione	desires to be certifi	ed as representativ	e of the employees. The F	etitioner alleges th	at the following	circumstances exist and
requests that the National Labor Re	lations Board proc	eed under its pro	per authority pursuant to	Section 9 of the Na	tional Labor Re	elations Act
2a. Name of Employer	2 :22		dress(es) of Establishment	(s) involved (Sireel a	and number, city,	State, ZIP code)
Simpson House	190	<u> </u>	A Philadelphia 19131-	0\ -(ata aa=a)		
3a. Employer Representative - Name	and little	35 BB 2 B	3b. Address (If same as			
Richard Coyle	T 2d Call No		2101 Belmont Aver PA Philadelphia 19	131-	3f. E-Mail Addr	926
3c. Tel. No.	3d. Cell No.	*	3e. Fax No.		rcoyle@simpson	83 St
(215) 792-2198		la de Control	4004 44 44 44 44			and State where unit is located:
4a. Type of Establishment (Factory, mine Healthcare Facilities	e, wnolesaler, etc.)	4b. Principal prod	ouch or service		Sa. City a	Philadelphia. PA
5b. Description of Unit Involved				_ 100 or W		6a. No. of Employees in Unit:
Included: See Attached Page 2 for add	itional details				ļ	6b. Do a substantial number (30%
						or more) of the employees in the
Excluded: See Attached Page 2 for add	itional details		W - WWW - 25 - 50 EVE		^	unit wish to be represented by the
		- 1445 St 144				Petitioner? Yes [1] No [1]
Check One: 7a. Request fo	r recognition as Barg	jaining Representa	tive was made on (Date)	an	d Employer decl	ined recognition on or about
	(Date)	(If no reply received	d, so state)	2.8 A2	Э.	
			epresentative and desires of	ertification under the	e Act.	
8a. Name of Recognized or Certified B			8b: Address 1319 Locus	st Street		
District 1199C, National Union of Hospita		nployees, AFSCM	PA Philade	lpbia_19107	8f. E-Mail Addr	***
8c. Tel No. (215) 735-1300	8d Cell No.		Be. Fax No.		christenw@1189anuh	
8g. Affiliation, if any			8h. Date of Recognition or	Certification		Date of Current or Most Recent
National Union of Hospital and Health Ca	re Employees, AFS0	CME, AFL-CIO			Contract, if any	(Month, Day, Year)
9. Is there now a strike or picketing at the			2 No If so approxi	mately how many er	mployees are pa	rlicipating?
	e Employers establis			200 - 1004 - 120 - 200 -		
(Name of labor organization)			keted the Employer since (f			
10. Organizations or individuals other the known to have a representative interest	an Petitioner and the in any employees in	the unit described	in item 5b above. (If none,	so state)	oresentatives and	other organizations and individuals
son Nama	. 10b. Ad	dress	ne i vi e e	10c, Tel. No.		10d. Cell No.
10a. Name	100.70			9		
	- (2	10e. Fax No.		10f. E-Mail Address
			·			<u> </u>
11. Election Details: If the NLRB cond	ucts an election in th	is matter, state you	ur position with respect to	11a. Election Type	: [7] Manual [Mall Mixed Manual/Mail
any such election. 11b. Election Date(s):	11c. E	lection Time(s):		11d. Election Loca	ation(s):	
12/12/2018		M to 2:00 PM	2	Conference Room		
12a. Full Name of Petitioner (including Chris Woods District 1199C, National Union of Hospital and H	g local name and n	umber)		12b. Address (street 1319 Locust Street PA Philadelphia 19	eel and number,	city, state, and ZIP code)
12c. Full name of national or internation National Union of Hospital and Health Ca	al labor organization	of which Petitioner	r is an affiliate or constituen	t (il none, so state)		
12d. Tel No. (215) 735-1300	. 12e. Cell No.		12f. Fax No.	2000	12g, E-Mail A christenw@11	ddress 99cnuhhce.org
13. Representative of the Petitioner w	ho will accept serv	rice of all papers f	for purposes of the repres	entation proceeding	ng.	
13a. Name and Title	*NA * COS 10 10 10 10 10 10 10 1		1 13b. Address (street and	d number, city, state,	, and ZIP code)	
Andrew Kelser O'Donoghue & O'Donoghue LLP		57-1-1709	325 Chestnut Street Su PA Philadelphia 19106-	ne 515		3
13c. Tel No.	13d. Cell No.		13e. Fax No.		131. E-Mail Ac	idress noghuelaw.com
(215) 629-4970	22. 2				averaci@000	
I declare that I have read the above p	etition and that the	statements are tr	ue to the best of my know	viedge and belief.		
Name (Print)	Signature	100	Title	OLEVE BE SE SE	Date	0.07:57:00
Andrew Kelser	Andrew Kelser		SUMMED BY SINE AND	MDDICOMITTIES !!	11/30/201	

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DO NOT WRITE IN THIS SPACE				
Case	Date Filed			

15

Employees Included

The Union currently represents a bargaining unit of all full-time and regular part-time dietary, nurses' aides, orderlies, housekeeping, laundry, maintenance, personal care assistants, recreational therapy aides, and restorative aides employed at Simpson House. The Union seeks to add the Receptionists and Bus Drivers to the existing unit.

...

Employees Excluded

All managerial, guards, and supervisors as defined by the Act

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
Case No.	04-RC-231947	Date Filed 12-03-18			

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) MX1 157 Kimbels Road Hawley, PA18428 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Eitan Maodad - Senior Director of Operations North Am 157 Kimbels Road Hawley, PA 18428 3d, Cell No. 3e. Fax No. 3f. E-Mail Address 570-226-6657 570-226-1273 eitan.maodad@mx1.com 4s. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Media Center content management and distribution services Hawley, Pennsylvania 6a. No. of Employees in Unit Included: All full-time and regular part-time MCR Operators, OU Operators, Engineers, Team Leads, Project Manager & Maintenance Technicians employed by the employer at the 157 Kimbels Rd Hawley, PA 6b. Do a substantial number (30% or more) of the employees in the Excluded: All other employees, office employees, clerical employees, guards and supervisors as defined in the Act. unit wish to be represented by the Petitioner? Yes ✓ No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 18. 18 and Employer declined recognition on or about (Date) (If no reply received, so state). NO REPLY 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address none Bc. Tel No. 8d Cell No Se. Fax No. Bf. E-Mail Address 8g. Affiliation, if any 6h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a, Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: / Manual Mall Mixed Manual/Mall any such election 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s) 7 AM to 8 AM and 3 PM to 4 PM 12/12/18 Lunch/Break Room 12a. Full Name of Petitioner (Including local name and number) 12b. Address (street and number, city, state, and ZiP code) 230 S. Broad St. Floor 19 Philadelphia, PA 19102 Communications Workers of America D 2-13, AFL-CIO 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Communications Workers of America District 2-13 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 215-564-6169 215-840-6951 215-564-2520 organizer@cwalocal13000.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13a. Name and Title Joseph Smolczynski -Organizer 13b. Address (street and number, city, state, and ZIP code) 230 S. Broad St. 19th Fir. Philadelphia, PA 19102 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 215-564-6169 215-840-6951 215-564-2520 organizer@cwalocal13000.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Joseph Smolczynski Organizer

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
Case No. 04-RC-232687	Date Filed 12-13-18				

	ETITION		01	10 252007	0227702	12-13-18
INSTRUCTIONS: Unless e-Filed						
in which the employer concerns						
of service showing service on t	he employer and	all other partie	s named in the petitio	n of: (1) the petitio	n; (2) State	ement of Position form
(Form NLRB-505); and (3) Desc	ription of Represe	entation Case F	Procedures (Form NLF	RB 4812). The sho	wing of int	erest should only be filed
with the NLRB and should not be				50.	250	~ =
PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petition requests that the National Labor R	er desires to be certific	ed as representativ	e of the employees. The f	Petitioner alleges that	the followin	g circumstances exist and
2a. Name of Employer	ciddollo Dodia proc		dress(es) of Establishment			
ACV Enviro		As	ston Service Center 2527 N A Aston 19014-	larket Street		
3a. Employer Representative - Name	and Title		3b. Address (If same as	2b – state same)		
David Duff		-124-2	Aston Service Cen PA Aston 19014-	ter 2527 Market Street	11000	
3c. Tel. No.	3d. Cell No.		3e. Fax No.	- 23	f. E-Mail Add	WASHINGTON.
(610) 859-9000			(610) 485-9680		duff@acvenvir	
4a. Type of Establishment (Factory, min		4b. Principal pro		5042	5a. City	and State where unit is located:
Construction Services	S	1 1000	Enviromental Clean of	outs		Aston, PA
5b. Description of Unit Involved						6a. No. of Employees in Unit:
Included: See Attached Page 2 for ad	Iditional details					6b. Do a substantial number (30%
Excluded: See Attached Page 2 for ad	ditional details	0.00	1.000			or more) of the employees in the unit wish to be represented by the
The state of the s		42				Petitioner? Yes [] No []
Check One: 7a. Request f			tive was made on (Date) _	and E	mployer dec	lined recognition on or about
П		(If no reply received		and the state of t		
8a. Name of Recognized or Certified			epresentative and desires of 8b. Address	certification under the A	ct.	
da. Name of Recognized of Serumed	Daiganing Agent (#	none, so statej.	ob. Address			
8c. Tel No.	8d Cell No.		8e. Fax No.	8	f. E-Mail Add	ress
8g. Affiliation, if any	V 1886 - 24 - 2		8h. Date of Recognition or			Date of Current or Most Recent
				1 .	ontract, if an	y (Month, Day, Year)
9. Is there now a strike or picketing at the	ne Employer's establis	hment(s) involved	2 No If so approx	imately how many empl	ovees are pa	articipating?
(Name of labor organization)		, has pick	eted the Employer since (A	Month, Day, Year)		
Organizations or individuals other the known to have a representative interest.	nan Petitioner and tho t in any employees in	se named in items the unit described	8 and 9, which have claims in item 5b above. (If none,	ed recognition as repres so state)	entatives an	d other organizations and individuals
10a. Name	10b. Ad	dress	, 35	10c. Tel. No.		10d. Cell No.
				10e. Fax No.	15	10f. E-Mail Address
11. Election Details: If the NLRB cond any such election.	ducts an election in thi	s matter, state you	r position with respect to	11a. Election Type: [✓ Manual ✓	Mail Mixed Manual/Mail
11b. Election Date(s): January 4th 2019	18 L. SERECONSTRUCTOR	ection Time(s): to 8am		11d. Election Location(s): Shop Area		100
12a. Full Name of Petitioner (including local name and number) Frank Bankard International Union of Operating Engineers Local 542			12b. Address (street and number, city, state, and ZIP code) 1375 Virginia Drive PA Fort Washington 19034-			city, state, and ZIP code)
12c. Full name of national or internation AFL-CIO	nal labor organization	of which Petitioner	is an affiliate or constituen	t (if none, so state)		
12d. Tel No. (267) 784-7744	12e. Cell No.		12f. Fax No.	10	2g. E-Mail A e542@yahoo	ddress o.com
13. Representative of the Petitioner	who will accept servi	ce of all papers fo	or purposes of the repres	entation proceeding.		11 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
13a. Name and Title		2.5	13b. Address (street and		d ZIP code)	
13c. Tel No.	13d. Cell No.	12 N 	13e. Fax No.	1	3f. E-Mail Ad	dress
I declare that I have read the above p	etition and that the	statements are tri	ue to the best of my know	ledge and belief.		3/32
Name (Print)	Signature	2	Title		Date	
Frank Bankard	Frank Bankard				12/13/201	8 08:28:52

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

DO NOT WRITE IN THIS SPACE				
Case 04-RC-232687	Date Filed 12-13-18			

Employees Included

All full-time and regular part-time drivers, pump operators, working foremen, working supervisors/foreman, field technicians, dispatchers, maintenance personnel including mechanics, welders, porters, and washers

Employees Excluded

All clerical employees, managerial employees, professional employees, guards, including watchmen and security personnel, and supervisors as defined in the Act, and all other employees.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

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Case No. 04-RC-233383	Date Filed	12/28/18

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PRIVACY ACT STATEMENT

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Case Date Filed 12/28/18

Employees Included See Attached

Employees Excluded

All other employees, office clerical employees, confidential employees, professional employees, managerial employees, guards, and supervisors as defined in the Act.

INCLUDED: All full-time and regular part-time Wastewater Technicians/Operators employed by the Employer and assigned to perform work at any of the following twenty- one (21) locations:

- 1. Avon Grove 383 S Jennersville Rd, West Grove, PA 19390
- 2. Brandywine River Estates 294 Dressage Ct, West Chester, PA 19382
- 3. Bridlewood 100 Bridlewood Blvd, West Chester, PA 19382
- 4. Cheyney Creek Rd & Cheyney Rd, Thombury Township, PA 19342
- 5. Creek Lane (Country Club Estates) Creek Lane, Flourtown, PA
- 6. Deerfield Knoll 6050 West Chester Pike, West Chester, PA 19380
- Honeycroft Unnamed Rd off Gap Newport Pike (Rte. 41), Avondale, PA
- 8. Knight's Bridge Brandywine Dr. Chadds Ford, PA 19317
- Little Washington Little Washington Lyndell Rd & Windy Hill Rd, Downingtown, PA 19335
- 10. New Daleville 444 Wrigley Blvd Cochranville, PA 19330
- 11, Newlin Green 1004 Unionville Wawaset Rd (rt. 842) Kennett Square, PA
- 12. Peddler's View Lower York Rd, New Hope, PA
- 13. Penn Oaks Access Rd off Augusta Drive, West Chester, PA 19382
- 14. Penn Township 1015 W Baltimore Pike, West Grove, PA 19390
- 15. Plumsock Plumsock Rd, Newtown Square, PA
- 16. Sage Hill S. Westbourne Rd & Southgate Rd, West Chester, PA 19382
- 17. Stony Creek Farms 233 Caspian Ln, Norristown, PA
- 18. Twin Hills Byers Rd, Chester Springs, PA
- 19. Uwchlan Township (Eagleview) Eagleview Blvd, Exton, PA 19341
- 20. William Henry Access Road off William Henry Apartments, 1086 W King Rd, Malvern, PA 19355
- 21. Willistown Woods 1700 West Chester Pike, Havertown, PA 19083

EXCLUDED: All other employees, office clerical employees, confidential employees, professional employees, managerial employees, guards, and supervisors as defined in the Act.

Name (Print)

Matt Toomey

Signature

Matthew Toomey

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

	DO NOT WRIT	TE IN THIS SPACE	
Case No.	04-RC-233400	Date Filed 12/28/18	

Date

12/28/2018 12:00:34

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 762 W Lancaster Ave PA Bryn Mawr 19010-3489 Aqua America 3b. Address (If same as 2b - state same) 3a. Employer Representative - Name and Title 762 W Lancaster Ave PA Bryn Mawr 19010-3489 3f. E-Mail Address 3d. Cell No. 3c. Tel. No. 3e. Fax No. CLKelly@aquaamerica.com (610) 525-1400 (267) 441-0058 (610) 525-7658 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Water Utilities waste water treatment Royersford, PA 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the See Attached Page 2 for additional details Petitioner? Yes [] No [] Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 10/16/2018 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8f. E-Mail Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type:
Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): Jan 15th 11c. Election Time(s): 11d. Election Location(s): 529 king rd royersford pa, 19468 Employee Breakroom 630 a.m. 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Matt Toomey
Matthew Toomey International Union of Operating Engineers Local 542
Matthew Toomey International Union of Operating Engineers Local 542 1375 Virginia Dr Ste 100 PA Fort Washington 19034-3257 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union of Operating Engineers 12g. E-Mail Address matt.toomey@iuoe542.con 12d. Tel No. 12e. Cell No. 12f. Fax No. (215) 317-1606 (215) 317-1606 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title Lou Agre International Union of Operating Engineers Local 542 1375 Virgina Drive PA fort Washington pa 19034 13f. E-Mail Address lou.Agre@iuoe542.com 13c. Tel No. 13d. Cell No. 13e. Fax No. (215) 542-7500 (215) 852-6548 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Business Agent WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Title

PRIVACY ACT STATEMENT

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
04-RC-233400	12/28/18		

Employees Included

plant Operators (facility)plant coordinators (facility) at either 529 king rd royersford pa, 19468 or 182 longview rd linfield pa, 19468

Employees Excluded

All other Employees, Office Clerical employees, confidential Employees, Professional Employees, Managerial Employees, Guards, and Supervisors as defined in the Act.